

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

34039  
 Do not use this space.

NOV 16 1938

791  
 1008

Registered No. **9025**

**1. PLACE OF DEATH**

- (a) County..... Registration District No. **15**  
 (b) Township..... Primary Registration District No. ....  
 (c) City **St. Louis, Mo.** (d) Street No. **St. Louis Maternity Hospital** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** **Grothaus, Infant Boy**

- (a) Residence, No. **740 No E. Elm St** St. **WR Greenville, Ill**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX** Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word)

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Oct. 8 1938

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**22. I HEREBY CERTIFY,** That I attended deceased from ....., 19....., to ....., 19.....

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** October 8, 1938

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **8:15 P.M.**

**7. AGE** YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
**Stillborn** **8:15 P.M.**

The principal cause of death and related causes of importance were as follows:

**8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.**  
**9. Industry or business in which work was done, as saw mill, bank, etc.**  
**10. Date deceased last worked at this occupation (month and year)**  
**11. Total time (years) spent in this occupation**

**Interruption Asphyxiation**  
**40 wth**  
**Diabetes of Mother**  
 Date of onset

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** St. Louis, Missouri

Other contributory causes of importance:  
**Diabetes of Mother**

**13. NAME** Grothaus, Clarence Edward

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Smith Center, Kan.

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

**15. MAIDEN NAME** Harris, Helen Elizabeth

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Albion, Nebraska

**23. If death was due to external causes (violence), fill in also the following:**  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

**17. INFORMANT (ADDRESS)** Clarence Grothaus  
 Greenville, Ill

**18. BURIAL, CREMATION, OR REMOVAL PLACE DATE** Wash. Univ. OCT 17 1938

Manner of injury.....  
 Nature of injury.....

**19. FUNERAL DIRECTOR (ADDRESS)** Dept of Pathology  
 Wash. Univ

**24. Was disease or injury in any way related to occupation of deceased? If so, specify**  
 (Signed) **Carl R. Wegner** M. D.  
 (Address) **St. Louis Maternity Hosp**

**20. FILED** 19.....  
**Local Registrar**

**OCT 17 1938**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**