

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.

1939 DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
061 10 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33539
State File No. _____
Registrar's No. 1634

Registration District No. 784 Primary Registration District No. 112

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Rock Hill
(c) Name of hospital or institution Rock Hill, Mo.
(d) Length of stay: In hospital or institution 48 years
In this community 48 years

3. (a) PRINT FULL NAME Marie K. A. Grossheim 625
3. (b) If veteran, name war ----
3. (c) Social Security No. -----

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ----
6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased Mar. 19-
(Month) (Day) (Year)

8. AGE: Years 48 Months 5 Days 23
If less than one day hr. _____ min. _____

9. Birthplace Rock Hill Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Stenographer

11. Industry or business A. B. C. Rail Road Co.

MOTHER FATHER { 12. Name August Grossheim

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Marie Koehler

15. Birthplace Rock Hill Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sophia Grossheim
(b) Address Kirkwood Mo. R # 5

17. (a) Burial (b) Date thereof Sept. 15-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Sutherland Cemetery

18. (a) Signature of funeral director Harry Schrader
(b) Address Bellvue, Mo.

19. (a) SEP 14 1939 (b) DR. Maximo D. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Rock Hill
(d) Street No. Highway #50
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12 th. year 1939 hour 11 P. M. minute _____ M.

21. I hereby certify that I attended the deceased from 12:24 to Sept. 12, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Infarction
Due to Enteritis haemolytica
Due to Chronic Bronchitis

Other conditions _____
Major findings: Of operations _____
Of autopsy 932

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
Signature Dr. Maximo D. ...
Address Raytown Mo. Date signed 9-14-39

Dr. Meyer
Clinton
Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed

Theo Schrader

Licensed Embalmer No.

3066

P. O. Address

Bellwin, Mo.

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.)

If this body is not embalmed, above space should be left blank.