

NOV 13 1939 791

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: 1003

- (a) County \_\_\_\_\_ 2  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
At Home 7620 Pennsylvania  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether

In this community  
years, months or days8. (a) PRINT FULL NAME George Grounds 6.5.38. (b) If veteran, name war \*\*\*\*\* 8. (c) Social Security No. \*\*\*\*\*4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married6. (b) Name of husband or wife Mary Grounds 6. (c) Age of husband or wife if alive 84 years7. Birth date of deceased February 29 1876 1876 1876  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
83 7 3 hr. min.9. Birthplace Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Retired Laborer11. Industry or business Missouri-Pacific R.R.12. Name Soloman Grounds 013. Birthplace Missouri 0  
(City, town, or county) (State or foreign country)14. Maiden name Unknown 1  
(City, town, or county) (State or foreign country)15. Birthplace Unknown 1  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. C. T. Kearney(b) Address 7440 Wellington Ave U. City Mo17. (a) Burial (b) Date thereof October 4 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oak Hill Cemetery18. (a) Signature of funeral director Peetz Brothers(b) Address 3029 Lafayette Ave19. (a) OCT 4 1939 (b) J. F. Busch  
(Date received local registrar) (Signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County 1  
 (c) City or town St. Louis 1  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 7620 Pennsylvania Ave  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2nd  
year 1939 hour 8:30 minute P. M.21. I hereby certify that I attended the deceased from About  
1935, 1935 to Oct 2 -, 1939.  
that I last saw him alive on Oct 2 -, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death

Heart BlockedDue to Chronic Intestinal Nephritis 3 yrsDue to Chronic Myocarditis - 1 yrOther conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

## 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? \_\_\_\_\_ (City or town) (County) (State)  
 (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 \_\_\_\_\_

23. Signature Albert A. Mulach (M. D. or other) !  
Address 7405 Mich. Av. Date signed \_\_\_\_\_

*Dr. Wendell  
7401 Michigan*

*R-4401-*

*153*

*769*

**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..... *Frank H. Owens* .....

Licensed Embalmer No. *7245* .....

P. O. Address.....

**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.**