

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **37576**Registration District No. **791**

Primary Registration District No. _____

Registrar's No. **9415**

1. PLACE OF DEATH:

(a) County 2
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2827a No. Whittier St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether
 In this community 49 Years.
 years, months or days)

3. (a) PRINT FULL NAME CATHERINE GROARK. 662

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 Widowed6. (b) Name of husband or wife Patrick Groark. 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased November 20 1872.
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
66 11 11 hr. _____ min.9. Birthplace Ireland.
(City, town, or county) (State or foreign country)10. Usual occupation At Home.

11. Industry or business _____

12. Name John Durkin. 513. Birthplace Ireland. 514. Maiden name Ann Stenson (State or foreign country)15. Birthplace Ireland.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Anna Lisaak(b) Address 2827a N. Whittier St.17. (a) Burial (b) Date thereof Nov. 4, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Arthur J. Donnelly(b) Address 3840 Lindell Blvd.19. (a) NOV 3 1939 (b) J. F. Budak
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
 (c) City or town St. Louis. 11
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2827a No. Whittier St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31.
year 1939 hour 5. minute 05 P.M.21. I hereby certify that I attended the deceased from
Apr 3, 1933, to Oct 31, 1939
that I last saw her alive on Oct 28, 1939
and that death occurred on the date and hour stated above.Immediate cause of death Coronary thrombosis Duration 3 daysDue to arteriosclerosis and hypertension
Due to Senile changesOther conditions No Mammogram performed
(Include pregnancy within 3 months of death)
and glaucoma not stated

Major findings: _____

Of operations No recurrence seenmammography Oct. 1935

Of autopsy _____

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 R. Sumner Ham (M. D. or other) _____Address 117 1/2 Grand Date signed Nov 13

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 Alfred J. Bredetler

Licensed Embalmer No. 2663

P. O. Address 4204 Prairie

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.