

Registration District No. 791Primary Registration District No. 1003

Registrar's No. _____

789

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1466a Hamilton Ave. 2
(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 days)

3. (a) PRINT FULL NAME GEORGE GROH. 65103. (b) If veteran, name war None 3. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced6. (b) Name of husband or wife Ida Groh. 6. (c) Age of husband or wife if alive 69 years7. Birth date of deceased April 15, 1864.
(Month) (Day) (Year)8. AGE: Years 75 Months 9 Days 10 If less than one day hr. _____ min. _____9. Birthplace Brooklyn New York.
(City, town, or county) (State or foreign country)10. Usual occupation Shoemaker. 111. Industry or business retired. 612. Name Michael Groh. 613. Birthplace Germany 6
(City, town, or county) (State or foreign country)14. Maiden name Don't know
(City, town, or county) (State or foreign country)15. Birthplace Germany.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Philip Rutsch.(b) Address 1466a Hamilton Ave.17. (a) Burial (b) Date thereof 1-29-1940.
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oak Grove Cemetery18. (a) Signature of funeral director Geo. L. Pleitsch Inc.(b) Address 5966-68 Easton Ave.19. JAN 26 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")
 (d) Street No. 1466a Hamilton Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25
year 1940 hour 9 minute 30 p. M.21. I hereby certify that I attended the deceased from Feb 1938, to Jan 1940
that I last saw him alive on January 24, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Chronic Myocarditis Duration _____Due to Hypertension

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

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? _____ (e) Means of injury 523. Signature Dr. S. A. Applebaum and D. or other _____Address 1511 Goodfellow Date signed 1/26/40

8/15 - 8:30 A.M.
1511 Greenwood
Fuller

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.....

Leonard W. Kraeger....., Registered Apprentice No.....
working under my personal supervision.

Signed *Leonard W. Kraeger*.....

Licensed Embalmer No. *2678*

P. O. Address *St. Louis, 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.