E14291

S. No. 2
—11-10-39
v. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 799

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 799

1. PLACE OF DEATH: REC FEB 17 1940

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days (Specify whether years, months or days) 1
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL") X
(d) Street No. 8608 Water St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Robert Groll 640
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lucinda Groll
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased August 8, 1880 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
59	6	16	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Sand Hog
11. Industry or business Bridge and Tunnel Bldg.
FATHER 12. Name Robt. E. Groll O
13. Birthplace (City, town, or county) Germany (State or foreign country) 6
MOTHER 14. Maiden name Dont Know
15. Birthplace (City, town, or county) Germany (State or foreign country) 6
16. (a) Informant Lucinda Groll
(b) Address 8608 Water St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26/40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery
18. (a) Signature of funeral director Weick Bros. Und. Co.
(b) Address 2201 S. Grand Bl.
19. (a) JAN 26 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24, year 1940 hour 4:30 minute P. M.
21. I hereby certify that I attended the deceased from January 16, 1940 to January 24, 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	Duration
Chronic Myocarditis	
Due to: Syphilis	
Due to: Hypertension	
Other conditions (Include pregnancy within 3 months of death): Pulmonary Emphysema	

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? (Specify type of place)
While at work? (e) Means of injury 1

23. Signature [illegible] (M. D. or other)
Address 1515 Lafayette, Date signed 1/25/40

(Licensed Embalmer's Statement on Reverse Side)

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 Harry A Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette

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.