

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 2775Registration District No. 425Primary Registration District No. 5580Registrar's No. 14-10

1. PLACE OF DEATH:

- (a) County JEFFERSON
 (b) City or town RURAL - MERAMEC TWP. 13
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
ST. JOSEPH'S HILL INFIRMARY
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 MONTHS
 (Specify whether
6 DAYS years, months or days)

3. (a) PRINT FULL NAME FRANK GROB

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE
 6. (b) Name of husband or wife AUGUSTA ROEHR
 7. Birth date of deceased 10 14 1872
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 3 11 hr. min.9. Birthplace LESLIE, MO. MISSOURI
 (City, town, or county) (State or foreign country)10. Usual occupation CARPENTER - RETIRED

11. Industry or business _____

12. Name PT. UNABLE TO GIVE SAME13. Birthplace GERMANY
 (City, town, or county) (State or foreign country)14. Maiden name PT. UNABLE TO GIVE SAME15. Birthplace GERMANY
 (City, town, or county) (State or foreign country)16. (a) Informant's own signature ST. JOSEPH'S HILL INFIRMARY(b) Address By Brother Bonaventura, O.S.B.17. (a) burial (b) Date thereof Jan 20 40
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation BURIAL - M.E. CEMETERY
LESLIE, MO.18. (a) Signature of funeral director J. W. Sargent(b) Address 1234 N. Main St.19. (a) 21 Jan 1940 (b) James A. Townsend
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County JEFFERSON
 (c) City or town UNIVERSITY CITY
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6527 PLYMOUTH 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 21
 year 1940 hour 2 minute 45 P. M.21. I hereby certify that I attended the deceased from Sept.
15-25, 1939, to Jan 20, 1940;that I last saw him alive on Jan 20, 1940;
 and that death occurred on the date and hour stated above.Immediate cause of death Broncho-pneumonia

Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)Major findings: _____
 Of operations NoOf autopsy No

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)
3586 (e) Means of Injury _____23. Signature Jesse S. Sargent (M. D. or other) _____Address Flourka, Mo. Date signed 1-21-40

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.....

Licensed Embalmer No.....

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.