S. No. 2
—11-10-39
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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. 4536

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1366

FILED MAR 12 1940

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: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis 17
(If outside city or town limits write "RURAL")
(d) Street No. 3955 Magnolia Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 556 Joseph R. Groom,
3. (b) If veteran, name war
3. (c) Social Security No. 493-07-6390
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edith C. Groom
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Oct. (Month) 29 (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
51	3	11	hr. min.

9. Birthplace Terre Haute (City, town, or county) Indiana (State or foreign country)
10. Usual occupation News Reporter
11. Industry or business Post Dispatch Newspaper
MOTHER FATHER
12. Name Patrick W. Groom
13. Birthplace Ireland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Bridget Ryan
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Edith C. Groom
(b) Address 3755 Magnolia
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.
19. (a) FEB 10 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9 year 1940 hour 3 minute 55 a M.
21. I hereby certify that I attended the deceased from November 27th 1939 to February 8th 1940 that I last saw h. alive on Feb. 8 - 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Valvular disease of the Heart (Aortic Regurgitation) with Sepsis — Duration
Due to Pleurisy in Compensation (Condition)
Due to Probably to Obscure Cause
Other conditions None
(Include pregnancy within 3 months of death)
Major findings: Of operations No Operation
Of autopsy No 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) No
(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

23. Signature Edward F. Leach (M. D. or other)
Address 3720 Washington Date signed 2/9/40

(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 Fred Frick

Licensed Embalmer No. 3186

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.