

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1002

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Manchester, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Manchester Nursing Home 3
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Years
(Specify whether years, months or days)
 In this community 43 Years

3. (a) PRINT FULL NAME Anna C. Grosse 620
 3. (b) If veteran, name war ---
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Ernst Grosse 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased June 30, 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>11</u>	<u>--</u>	<u>hr. min.</u>

9. Birthplace Waterloo, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER
 { 12. Name Conrad Stroh
 { 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 { 14. Maiden name Unknown
 { 15. Birthplace Germany
(City, town, or county) (State or foreign country)

18. (a) Informant Roland A. Grosse
 (b) Address 7564 Ahern Ave. U. City, Mo.

17. (a) Burial (b) Date thereof June 1, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Waterloo, Ill.

18. (a) Signature of funeral director Wm. F. Staschke
 (b) Address 2825 N. Grand Blvd.

19. (a) MAY 30 1940 (b) R. M. Maynard, JR.
(Date received from informant) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis
 (c) City or town Manchester Nursing Home
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 30th
 year 1940 hour 12:00 minute A. M.

21. I hereby certify that I attended the deceased from June 1, 1940 to May 29, 1940
 that I last saw her alive on May 29, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
 Due to 93c
 Due to _____
 Other conditions Aortic Sclerosis
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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? 707 (Specify type of place) _____
 (e) Means of injury _____
 23. Signature R. M. Maynard, JR. (M. D. or dentist) _____
 Address Manchester Mo Date signed 5/30/40

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.....

J. S. Sullivan

Licensed Embalmer No.

1122

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.