

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1775

1. PLACE OF DEATH
St. Louis Co. Mo
(a) County St. Louis Co. Mo
(b) City or town Olivette, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence-9370 Olive St. Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: 20 years in hospital or institution. (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
Olivette,
(c) City or town _____ (If outside city or town limits, write "RURAL")
9370 Olive St road
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Otto Grosse
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 18th
year 1940 hour 5 minute 30 P. M.
21. I hereby certify that I attended the deceased from Sept 16th
_____ 1940, to Sept 18th 1940
that I last saw him alive on Sept 18th 1940
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Augusta Grosse-nee Kohrs 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Dec 24, 1869
(Month) (Day) (Year)

Immediate cause of death acute myocarditis Duration 1 week
Due to Infarction 10 days

8. AGE: Years Months Days If less than one day
70 8 24 hr. min.

Due to 17 11 1/2
Other conditions acute nephritis 1 week
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis, MO (City, town, or county) (State or foreign country)
10. Usual occupation Commissary Manager 6
Concordia Seminary

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Moritz Grosse 6
13. Birthplace Germany
14. Maiden name Wilhelmina Schuessler (State or foreign country)
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Augusta Grosse
(b) Address 9370 Olive St. Rd.
17. (a) Burial (b) Date thereof Sept 20, 1940
(Burial, cremation, or removal) (City or town) (County) (State) (Year)
(c) Place: burial or cremation St. Peters, Missouri

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?

18. (a) Signature of funeral director Beidorn's funeral Home
(b) Address 1936 St. Louis Ave St. LOUIS MO
19. (a) SEP 19 1940 (Date received local registrar) (b) R. Meyer (Registrar's signature)

23. Signature Edum E. Preshan (M. D. or other) 1
Address 500 N. Prairie Rd Date signed 9/19-40

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

FILED OCT 10 1940 21492

506 N. Prairie R1

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. 3737

P. O. Address 1936 N. Jones

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.