

FILED NOV 25 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36286

State File No.

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1909

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(c) Name of hospital or institution St. Louis County Hospital
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 11 days
(Specify whether
In this community 24 years
years, months or days)

3. (a) PRINT FULL NAME John Groceman Jr.

3. (b) If veteran, name war no 3. (c) Social Security No. 497-05-0846

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Orma Groceman 6. (c) Age of husband or wife if alive 19 years
7. Birth date of deceased Aug. 1 1915
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
25 2 6 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business Victor Shade Co.

12. Name John William Groceman

13. Birthplace Unknown Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Strong

15. Birthplace Unknown Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Catherine Groceman

(b) Address 6311 St. Louis Ave.

17. (a) Burial (b) Date thereof 10-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiament

19. (a) OCT - 8 1940 (b) T. R. Meyer, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 1533a Irving Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7
year 1940 hour 1 minute 10 A.M.

21. I hereby certify that I attended the deceased from 9-26-40
19 to 10-7-40, 19
that I last saw him alive on 10-7-40, 19
and that death occurred on the date and hour stated above.

Immediate cause of death
Bronchial Pneumonia Duration 2 days

Due to Aplastic Anemia 6 yrs

Due to Hodgkin disease of bone marrow 6 yrs

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 72 B

Of autopsy Bronchial Pneumonia

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?

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

23. Signature B. V. Stuchman (M. D. or other)
Address Co. 2nd Date signed

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.....

Jos. W. Clark
Licensed Embalmer No. *1661*

P. O. Address *1125 Rodiamant*

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, fact should be so stated above.