

43975

State File No.

Registrar's No. 2358

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 8 1941 784
Registration District No.

Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Rural - St. Ferdinand
(c) Name of hospital or institution:
Halls Ferry Rd.
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Rural
(d) Street No. Halls Ferry Rd.
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME William Gronemeier, Sr.
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 12
year 1940 hour 6 minutes 20P M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Caroline Gronemeier 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 5, 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 30 -
_____ 1940, to Dec 12, 1940
that I last saw him alive on Dec 12, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
79 0 5 hr. min.

Immediate cause of death Chronic Myocarditis
Duration many years

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

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Farmer

Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Fred Gronemeier
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Minnie Mauer
15. Birthplace Not known
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mrs. A. Gronemeier
(b) Address Ferguson, Mo. Rt. #1

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 12/16/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation Black Jack Mo.

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

18. (a) Signature of funeral director Charles W. Meyer
(b) Address 4911 Washington Bl.

23. Signature W. F. Gronemeier (M. D. or other) _____
Address 6204 W. F. Gronemeier Date signed Dec 13/40

19. (a) Jan 13 1941 (b) W. F. Gronemeier
(Date received local registrar) (Registrar's signature)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X1931

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 *Thomas R Fenwick*

Licensed Embalmer No. *3793*

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.