

Registration District No.

Primary Registration District No.

Registrar's No. **4839**

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:
City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **11 years**
(Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4141 W Lee Ave**
No attending physician
(e) If foreign born, how long in U. S. A. ? years.

3. (a) PRINT FULL NAME **Frank C Groeber**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **497-03-8448**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Josephine Schulte Groeber** 6. (c) Age of husband or wife if alive **51** years

7. Birth date of deceased **May 18 1885**
(Month) (Day) (Year)

8. AGE: Years **56** Months **-** Days **20** If less than one day hr. min.

9. Birthplace **Gore Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Punch Press Operator**

11. Industry or business **The Welsch Co**

12. Name **Fritz Groeber**

13. Birthplace **New York**
(City, town, or county) (State or foreign country)

14. Maiden name **Eliza Cullom**

15. Birthplace **Gore Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Josephine Groeber**
(b) Address **4141 W Lee Ave**

17. (a) **Burial** (b) Date thereof **June 12 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Friedens Cemetery**

18. (a) Signature of funeral director **Beiderwieden Funeral Home Inc**

(b) Address **1936 St Louis Ave**

19. (a) **JUN 11 1941** (b) **Deputy Coroner**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **8**
year **1941** hour **9:12** minute **P** M.

21. I hereby certify that I attended the deceased from
....., 19....., to 19.....;

that I last saw h..... alive on.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Encephalitis (Type Nat)

Due to **Determined**

Due to

Other conditions.....
(include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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 **Beiderwieden Funeral Home Inc**
while at work? (Specify type of place) (e) Means of injury

23. Signature **Thomas F Callahan** (M. D. or other).....

Address **Deputy Coroner** Date signed **6/11/41**

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

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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.....

Delis J. Krupin

Licensed Embalmer No. *3497*

P. O. Address *1936 St. Louis*

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.