

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**3667 Wilmington Ave.**  
(If not in hospital or institution, write street number of location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME **Anna Grothaus**

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

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

6. (b) Name of husband or wife **Henry Grothaus** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **October 31, 1854**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>86</b>	<b>7</b>	<b>26</b>	hr. _____ min. _____

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

10. Usual occupation **None**

11. Industry or business \_\_\_\_\_

12. Name **Henry Noelker**  
13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant **May Grothaus**  
(b) Address **3667 Wilmington Ave**

17. (a) **Burial** (b) Date thereof **6-28-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Washington, Mo.**

18. (a) Signature of funeral director **Southern Funeral Home**  
(b) Address **6322 So Grand Blvd.**

19. (a) **JUN 26 1941** (b) **[Signature]**  
(Date received at local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis,** **171**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3667 Wilmington Ave.** **9**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **26th**  
year **1941** hour **8** minute **15 a.** M.

21. I hereby certify that I attended the deceased from **Oct 5<sup>th</sup>**  
**1940**, to **June 26<sup>th</sup>** **1941**,  
that I last saw h<sup>e</sup>r alive on **June 26<sup>th</sup>** **1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral apoplexy (thrombosis)** **1 day**  
Duration

Due to **Mitral Valvular Dis heart** **Indefinite**

Due to **Atherosclerosis** **Indefinite**

Other conditions **none**  
(Include pregnancy within 3 months of death)

Major findings: **no operation**  
Of operations \_\_\_\_\_

Of autopsy **[Signature]**

PHYSICIAN \_\_\_\_\_  
Underlines 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) \_\_\_\_\_  
(c) Means of injury \_\_\_\_\_

23. Signature **[Signature]** (M. D. or other) **[Signature]**  
Address **1544 So Broadway** Date signed **6/26-41**

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

0  
7  
9

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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 Frank L. Luning

Licensed Embalmer No. 2504

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.**