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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30499

FILLED OCT 18 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7838

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:
St. Louis City Hospital #10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Overland N.R. 13
(If outside city or town limits, write "RURAL")

(d) Street No. 3205 Marvin Ave.,
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louisa De Groot

3. (b) If veteran, name war No

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 Karl DeGroot

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 30, 1871.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
70	3	30	hr. min.

9. Birthplace 4 Holland
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name John Smit
13. Birthplace 4 Holland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace 4 Holland
(City, town, or county) (State or foreign country)

16. (a) Informant Jake DeGroot
(b) Address 1523 Highland Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct. 2/41.
(Month) (Day) (Year)

(c) Place: burial or cremation Cedar Hill, Mo.

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) SEP 30 1941 (Date received local registrar) (b) J. P. Boedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 29,
year 1941 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from September 17, 1941 to September 29, 1941;
that I last saw her alive on September 29, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis of left pulmonary artery ~~and Brain atrophy~~

Due to

Due to

Other conditions Brain atrophy
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

Duration

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

23. Signature John E. Miksicek (M. D. or other)
Address 1515 Lafayette Avenue, Date signed 9/29/41

(Licensed Embalmer's Statement on Reverse Side)

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. 3225

P. O. Address 1125 Hodiamont Ave.,

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.