

S. No. 2
4-1-4-41
7-5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

330
State File No. _____
221
Registrar's No. _____

Registration District No. 701

Primary Registration District No. 1003

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

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:
6824 Garner
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6824 Garner
(If rural, give location)

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

3. (a) PRINT FULL NAME Elizabeth Groff

(b) If veteran, name war no

(c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8
year 1942 hour 5 minute 6 M.

21. I hereby certify that I attended the deceased from Jan. 7, 1942, to Jan 7, 1942, that I last saw h. on alive on Jan 7, 1942, and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

7. Birth date of deceased Oct. 9, 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 2 29 hr. _____ min.

Immediate cause of death Cerebral Hemorrhage Duration 4 days

Due to Old age

Due to _____

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

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob Kemper

13. Birthplace _____ Pa. 1 (State or foreign country)

14. Maiden name Eranna Scheafer

15. Birthplace _____ Pa. 1 (State or foreign country)

16. (a) Informant Eva Crosby

(b) Address 6824 Garner

17. (a) Buried (b) Date thereof 1-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) JAN 9 1942 (Date received local registrar)

J. J. Bredeek (Registrar's signature)

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature S. B. Helwig (M. D. or other) _____

Address 1131 1/2 W. 5th Date signed 4/10/42

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..... *R. Burgess*

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

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.