

V. S. No. 2  
OM-9-4-41  
Rev. 5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUL 6 1947 91

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 19607  
Registrar's No. 5325

Registration District No. Primary Registration District No.

000  
17  
9  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 3117 New Ashland Place /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 50 years (Specify whether years, months or days)  
In this community 50 years

3. (a) PRINT FULL NAME Marie Cassens Groll  
3. (b) If veteran, name war no  
3. (c) Social Security No. NO

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife late Henry Groll  
6. (c) Age of husband or wife if alive 28th. 1868  
7. Birth date of deceased. Sept. 28th. 1868 (Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 22 If less than one day hr. min.

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

10. Usual occupation Housework

MOTHER FATHER

11. Industry or business  
12. Name Frank Riechey  
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant William C. Cassens  
(b) Address 3117 New Ashland Place

17. (a) Burial (b) Date thereof 6-22-42 (Month) (Day) (Year)  
(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Henry Leidner Und. Co.  
(b) Address 2223 St. Louis Ave.

19. (a) JUN 21 1948 (Date received local registration)  
J. F. Brudick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 3117 New Ashland Place.  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 20th.  
year 1942 hour 12:01 AM minute M.

21. I hereby certify that I attended the deceased from March 17, 1942 to June 20, 1942 that I last saw him alive on June 19, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis (Central Inflammation)  
Due to  
Other conditions: (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature: J. F. Brudick (M. D. or other)  
Address: 705 - Olivet Date signed: 6-20-42

E. H. Snyder - 705 0 line

*Handwritten notes and scribbles, possibly including a signature or initials.*

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 *John P. Buchholz* .....

Licensed Embalmer No. *01674* .....

P. O. Address *2233 Solonia 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.