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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19609

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5891

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: 4720 Ashland Court
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (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. 4720 Ashland Court
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Grote

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife August C Grote

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

7. Birth date of deceased October (Month) 13 (Day) 1877 (Year)

8. AGE: Years 64 Months 8 Days 25 If less than one day hr. min.

9. Birthplace Prairietown (City, town, or county) Illinois (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name William Bunte
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Johanette Schroeder
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs John Wolfram
(b) Address 4720 Ashland Court

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 11 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Prairietown Ill

18. (a) Signature of funeral director Beiderwieden Funeral Home Inc
(b) Address 1936 St Louis Ave

19. (a) JUL 1 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1942 hour 5: 9:45 minute A M.

21. I hereby certify that I attended the deceased from June 24 1942 to July 8 1942
that I last saw her alive on July 7 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis, Chronic	4 yrs
Due to: Nephritis, Chronic	4 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 M E Jones (M. D. or other)
Address 4500 Olive St Date signed July 8 42

(Licensed Embalmer's Statement on Reverse Side)

Mr. W.E. Jones
Lister Bldg
2-4 pm

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 Dale Harness, Registered Apprentice No. 293, working under my personal supervision.

Signed Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis Av

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.