S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

FILED AUG 11 1942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22795

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6457

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:
4503 South Grand Blvd. /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")

(d) Street No. 4503 South Grand Blvd.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary S. Groshong

3. (b) If veteran, name war -

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Clement Groshong

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

7. Birth date of deceased September (Month) 15 (Day) 1858 (Year)

8. AGE: Years 83 Months 10 Days 15 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Home

11. Industry or business

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

MOTHER
14. Maiden name Mary Loeffel
15. Birthplace (City, town, or county) 4 Germany (State or foreign country)

16. (a) Informant Marie Groshong
(b) Address 4503 South Grand Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/1/42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Hacker-Hilderle Und. Co.
(b) Address 3634 Gravois Ave.

19. (a) JUL 31 1942 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 th.
year 1942 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1934, 19 to July 30th, 1942
that I last saw her alive on July 25th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis about 1 hour

Due to Chronic myocarditis and arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death) 93

Major findings:
Of operations 93

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? ✓ (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 C H Baker (M. D. ~~or other~~)

Address 3353 Nebraska Ave. Date signed 7-30-42

(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 Robert C Wheeler

Licensed Embalmer No. 217

P. O. Address St Louis Mo

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.