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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. 28162

Filed SEP 8 1942

Registration District No. 184

Primary Registration District No. 200

Registrar's No. 1759

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Rural, Bonhomme Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Barrett's Station & Manchester Rds.  
(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 7 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Kirkwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 816 Edna Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country /

3. (a) PRINT FULL NAME Julius A. Grotheter

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 15 1853  
(Month) (Day) (Year)

8. AGE: Years 88 Months 9 Days 4 If less than one day hr. min.

9. Birthplace St. Louis Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business Own farm

12. Name Henry Grotheter

13. Birthplace ? Germany  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_ 15. Birthplace ? Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mahima Boaz

(b) Address 913 Edna, Kirkwood, Mo.

17. (a) Burial (b) Date thereof Aug. 22-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation M. E. Cem. Manchester, Mo.

18. (a) Signature of funeral director Schryder Funeral Home

(b) Address Baltimore, Mo.

19. (a) AUG 21 1942 (b) J. McFarland  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19  
year 1942 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 1937 to Aug 19 1942  
that I last saw him alive on 8-15 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 5 yrs

Other conditions Hypertension

Due to 1937

Due to \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature E. Barnett (M. D. brother) Address 243 W Jefferson, Kirkwood State signed Mo

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**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 Harry Schrader  
Licensed Embalmer No. 2091  
P. O. Address Ballwin 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.**