

FILED JAN 19 1943
Registration District No. **313**

Primary Registration District No. **1002**

Registrar's No. **000**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1431 Hampton Ave.
(If not in hospital or institution, write street number or location)

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

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.e** (b) County _____

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

(d) Street No. **1431 Hampton Ave.**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: **0**

3. (a) PRINT FULL NAME **Frank James Grosch**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **495-05-0729**

4. Sex **Male** **5. Color or race** **White**

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **Oct. 6th 1877**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	3	3	hr. min.

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

10. Usual occupation **Terra Cotta worker**

11. Industry or business _____

12. Name **Siegfried Grosch**

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

14. Maiden name **Barbara Haefele**
(City, town, or county) (State or foreign country)

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Frances Grosch**

(b) Address **1431 Hampton Ave.**

17. (a) Burial **St. Peter & Paul**
(Burial, cremation, or removal)

(b) Date thereof **1-12-43**
(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director **Kriegshauser Mortuaries**

(b) Address **4228 So. Kingshighway Blvd.**

19. (a) Date **JAN 11 1943** **(b) Registrar's signature** **J. J. Brasak**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **9th** year **1943** hour **11** minute **P.M.**

21. I hereby certify that I attended the deceased from **1-10-** **19 41** to **1-8-** **19 43**
that I last saw him alive on **1-8-** **19 43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the neck** **2 Yrs.**
Duration

Due to _____

Due to _____

Other conditions **55**
(Include pregnancy within 3 months of death)

Major findings: **None but had X-ray therapy**

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? _____

(e) Means of injury _____

23. Signature **N. N. Boverman** **M. D.**

Address **718 University Club** **Date signed** **1-11-43**

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

B

830 to 12

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 *Richard W. Storrson*

Licensed Embalmer No. *4007*

P. O. Address.....

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.