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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 15 1943

Registration District No. 784

Primary Registration District No. 106

Registrar's No. 773

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Webster Groves

(c) Name of hospital or institution: Glenwood San. 1300 Grant Rd. D  
(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 Missouri (b) County St. Louis

(c) City or town Pine Lawn  
(If outside city or town limits, write "RURAL")

(d) Street No. 6225 Creston Ave.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Minnie Alice Grosskreutz

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 30 year 1943 hour 10 minute 40 P.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Joseph Grosskreutz

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

7. Birth date of deceased August 26 1882  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar. 13<sup>th</sup>, 1943, to Mar 30, 1943 that I last saw h. er. alive on Mar. 30, 1943 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

60	7	4	hr. _____ min.
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Immediate cause of death Broncho pneumonia Duration 2 Day

Due to Cardio renal vascular disease with hypertension ?

9. Birthplace Pleasant Hill Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name James A. Prater

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

14. Maiden name Martha Bledsoe

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

Major findings: Of operations \_\_\_\_\_

Of autopsy 12/1 a

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Dr. J. Grosskreutz

(b) Address 6225 Creston Ave.

17. (a) Burial (b) Date thereof 4-2-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director Stroot-Carroll

(b) Address 4600 Natural Bridge Ave.

19. (a) 3-30-43 (b) W. M. Sullivan  
(Date received local registrar) (Registrar's signature)

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 Paul Jones M.D. (M. D. or other)

Address Webster Groves Mo. Date signed 3-30-43

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

MOTHER, FATHER

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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 *Frank H. Stout*

Licensed Embalmer No. 2265

P. O. Address 4607 1/2 Budge 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.**