

No. 2
-5-42
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16151

State File No.

Registrar's No.

JUN 9 1943

1003

5031

Registration District No. 318

Primary Registration District No.

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:
City Sanitarium 5300 Arsenal St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 hours
(Specify whether
In this community Birth
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. 2000 E. Prairie Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bernard B. Growe

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

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

6. (b) Name of husband or wife M. Growe nee Cordes 6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 10, 1871
(Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 20 If less than one day hr. min.

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

10. Usual occupation Coal passer

11. Industry or business
12. Name Christo Growe

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

14. Maiden name Theresa Kochi
(City, town, or county) (State or foreign country)

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

16. (a) Informant Bernard Growe

(b) Address 2000 E. Prairie Ave

17. (a) Burial (b) Date thereof 6/2/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JUN 1 1943 (Date received local registrar) J. F. Wudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1943 hour 6 minute 10 A.M.

21. I hereby certify that I attended the deceased from 19..... to 19.....;

that I last saw him alive on 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to 8:30
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
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?

While at work? (Specify type of place)
23. Signature Alfred Berry (M. D. or other)
Address Date signed 6/1/43

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

MOTHER, FATHER

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 William G. Buchho
Licensed Embalmer No. 2110
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.