. S. No. 2
00M—2.43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23031

FILED AUG 12 1943

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 2050

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Lukes Hospital. (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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri. (b) County: St Louis 96 12

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

(d) Street No.: ~~St. Lukes Hosp.~~, 25 Deefield Rd (If rural, give location) N.R.

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Infant Willson Grolock.

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: Infant.

6. (b) Name of husband or wife

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

7. Birth date of deceased: August (Month) 2, (Day) 1943. (Year)

8. AGE: Years | Months | Days | If less than one day: 5 hr. min.

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

10. Usual occupation: Infant.

11. Industry or business

MOTHER FATHER

12. Name: William A. Grolock.

13. Birthplace: St. Louis, (City, town, or county) Missouri. (State or foreign country)

14. Maiden name: Anna Mae Britt.

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

16. (a) Informant: Wm A. Grolock.

(b) Address: 25 Deefield Rd, Ladue.

17. (a) burial. (Burial, cremation, or removal) (b) Date thereof 8/4/43. (Month) (Day) (Year)

(c) Place: burial or cremation: St. Marcus Cemetery.

18. (a) Signature of funeral director: C.R.Lupton & Sons.

(b) Address: #7233 Delmar Blv'd.

19. (a) AUG 4 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3rd year 1943 hour 4 minute 10 A M.

21. I hereby certify that I attended the deceased from Aug 2, 1943, to Aug 3, 1943, that I last saw him alive on Aug 3, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to: Prematurity 29 wk gestation

Due to:

Other conditions: none (Include pregnancy within 3 months of death)

Major findings: Of operations: none

Of autopsy: none

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: John R. Vaughan (M. D. or other) MD

Address: 634 No Grand Date signed 8-3-43

(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.

NOT EMBALMED

Signed Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City

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.