

FILED AUG 11 1943 53

Registration District No. 53

Primary Registration District No. 3010

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

1. PLACE OF DEATH:

(a) County: CAPE GIRARDEAU

(b) City or town: CAPE GIRARDEAU
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Southeast Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 9 days (Specify whether years, months or days)

In this community: 3 yrs. 9 days

3. (a) PRINT FULL NAME: HENRY JOHN GROSSHEIDER

3. (b) If veteran, name war: No

3. (c) Social Security No.: NO

4. Sex: MALE

5. Color or Face: White

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

6. (b) Name of husband or wife: FREDERICKA (deceased)

6. (c) Age of husband or wife if alive: 77 years

7. Birth date of deceased: Dec 30 - 1865
(Month) (Day) (Year)

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

81 6 1 hr. min.

9. Birthplace: FREIDHEIM MO
(City, town, or county) (State or foreign country)

10. Usual occupation: FARMER

11. Industry or business

MOTHER FATHER { 12. Name: AUGUST GROSSHEIDER

13. Birthplace: GERMANY 4
(City, town, or county) (State or foreign country)

14. Maiden name: THERSA MEHNER 4

15. Birthplace: GERMANY 4
(City, town, or county) (State or foreign country)

16. (a) Informant: ROBERT GROSSHEIDER

(b) Address: ROUTE - 1 JACKSON MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 7-5-43
(Month) (Day) (Year)

(c) Place: burial or cremation: Zion Lutheran Church

18. (a) Signature of funeral director: Joe S. Hauer

(b) Address: CAPE GIRARDEAU MO
7-16-43

19. (a) 7-16-43 (Date received local registrar) (b) J. H. Helpe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: CAPE GIRARDEAU

(c) City or town: JACKSON
(If outside city or town limits, write "RURAL")

(d) Street No.: ROUTE 1
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 3
year 1943 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from June 20 1943 to JULY 3 1943
that I last saw him alive on JULY 2 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis Duration 5 min

Due to: Coronary atherosclerosis 5 yrs

Due to: _____

Other conditions: Hypertrophy of Prostate 10 yrs
(Include pregnancy within 3 months of death)

Major findings: 94 a

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) (a) Means of injury _____

23. Signature: T. E. Ruff (M.D. or other) MS
Address: JACKSON MO Date signed: 7/3/43

RECEIVED

District Health Officer No. 4
District File Number 843-25
Date Filed 8-10-43

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 *W. H. Estro*

Licensed Embalmer No. *3568*

P. O. Address *Cape Girardeau 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.