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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26059

State File No.

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1835

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: 9032 PHILO AVE. / (GARDENVILLE) (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 MO. (b) County ST. LOUIS

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

(d) Street No. 9032 PHILO AVE (If rural, give location)

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

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3. (a) PRINT FULL NAME LORETTA GROTH

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife EDWARD J. GROTH

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased MARCH (Month) 28, (Day) 1898 (Year)

8. AGE: Years 45 Months 4 Days 10 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

MOTHER FATHER

12. Name DANIEL BUTLER

13. Birthplace NEW YORK (City, town, or county) NEW YORK / (State or foreign country)

14. Maiden name HANNAH KANE

15. Birthplace ST. LOUIS (City, town, or county) MO. 0 (State or foreign country)

16. (a) Informant EDWARD J. GROTH

(b) Address 9032 PHILO AVE.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-11-43 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) AUG 11 1943 (Date received local registrar) (b) C. G. McGann, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 8, year 1943 hour 10 minute 05 A.M.

21. I hereby certify that I attended the deceased from 2-1-, 1943, to 8-8-, 1943, that I last saw her alive on 8-8-, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Suicide Hanging strangulation

Due to

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? (Specify type of place)~~

~~While at work? (e) Means of injury~~

23. Signature C. W. Bartlett (M. D. ~~or other~~)

Address 150 N. Bo. Found Date signed 8/9/43

(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.

Signed W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.