S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36412

FILED DEC 13 1943

Registration District No. 1948

Primary Registration District No. 1003

Registrar's No. 10637

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution 4249a Kennerly
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 70 yrs. 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 4249a Kennerly 000 17
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME John L. Grover

3. (b) If veteran, name war none

3. (c) Social Security No.

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 1 (Day) 1854 (Year)

8. AGE: Years 89 Months 11 Days — If less than one day hr. min.

9. Birthplace Lexington (City, town, or county) 1 Kentucky (State or foreign country)

10. Usual occupation Porter

11. Industry or business Shoe factory

FATHER
12. Name Wm. Grover
13. Birthplace (City, town, or county) 1 Kentucky (State or foreign country)

MOTHER
14. Maiden name Ellen Thames
15. Birthplace (City, town, or county) 1 Kentucky (State or foreign country)

16. (a) Informant Rose E. Douglas
(b) Address 3650 Shaw Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-43 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director J. H. Harrison
(b) Address 2906 Lynton Blvd.

19. (a) DEC 3 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1
year 1943 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov. 15, 1943, to Dec 1, 1943
that I last saw him alive on Dec 1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, acute — Duration 2 wks

Due to Causative organism not known

Due to 1/2

Other conditions Senility - natural
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

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 J. W. Bray (M. D. or other)

Address 4330 Easton, City Date signed 12-3-43

(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.

Signed Arthur L Hollard

Licensed Embalmer No. 4221

P. O. Address 4219 E Gay

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.