

FILED JUN 3 1944
 Registration District No. _____

Primary Registration District No. 3068

Registrar's No. 1207

1. PLACE OF DEATH:
 (a) County St. Louis,
 (b) City or town Maplewood
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3001 Brent Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Maplewood
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3001 Brent
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Marie Grone
 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 Widowed
 6. (b) Name of husband or wife Simon 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 4th 1859
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	10	25	hr. _____ min.

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

10. Usual occupation Invalid Housewife

11. Industry or business _____

12. Name Unknown Kruse
 13. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Unknown
 15. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Emma Gaus
 (b) Address 3001 Brent Ave.

17. (a) Burial (b) Date thereof May 31, Wed. 44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Paul's Churchyard

18. (a) Signature of funeral director Jay B. Smith
 (b) Address 7456 Manches ter Ave.

19. (a) JUN 1 - 1944 (b) E. J. Mc Davern, M.D.
 (Date received local health) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 29
 year 1944 hour _____ minute 6:50 A. M.

21. I hereby certify that I attended the deceased from 3/25, 1944, to 5/29, 1944;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Chr. myocardial degeneration

Due to Chr. hypertrophic arthritis 15 yrs.

Due to _____
 Other conditions (include pregnancy within 3 months of death) g3d

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) _____
 (Specify means of injury) _____
 23. Signature J. D. Stachle (M. D. or other) M.D.
 Address 104 W. Adams, Kirkwood Date signed 5/30/44

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

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 3452

....., Registered Apprentice No.
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.