

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 28747
 Registrar's No. 1730

FILED AUG 21 1944
 District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:
 (a) County St. Louis County Manchester
 (b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Manchester Nursing Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 1/2 Years
(Specify whether
 In this community 63 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4246 Grace
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Frank H. Grob
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 26 1880
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | <u>63</u> | <u>11</u> | <u>18</u> | hr. _____ min. |

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

10. Usual occupation Jewelry Engraver

11. Industry or business Jewelry

MOTHER FATHER
 12. Name Solomon Grob
 13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Regina Winterer
 15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Geo. Grob
 (b) Address 4246 Grace

17. (a) Burial (b) Date thereof Aug. 16, '44
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Beiderwieden F. H., Inc.
 (b) Address 3620 Chippewa Street

19. (a) AUG 17 1944 (b) E. J. McGovern, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14 13
 year 1944 hour 10 minute 50 P.M.

21. I hereby certify that I attended the deceased from Dec 1
1943, to Aug 13 1944;
 that I last saw him alive on _____ 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis Duration _____

Due to _____

Due to _____

Other conditions _____
(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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature A. J. Merklein, M.D. (M. D. or other)
 Address 3507 Potomac Date signed 8-15-44

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..... *Delis J. Krupin*

Licensed Embalmer No..... *3492*

P. O. Address..... *1936 St. Louis*

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.