

S. No. 2  
1-8-43  
5-17-39  
P 1 X37623

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29374**

Registrar's No. **8459**

FILED OCT 13 1944 **318**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
**3838 Shaw Ave.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Mo. 17**

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

(d) Street No. **3838 Shaw Ave.** **17**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Henry Grote**

(b) If veteran, name war **No**

(c) Social Security No. **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **30**  
year **1944** hour **2** minute **30** P. M.

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

(b) Name of husband or wife **Gertrude Grote**

(c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **October 15, 1861**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **1-25-44**, 19\_\_\_\_, to **9-30**, 19\_\_\_\_  
that I last saw him alive on **9-29-**, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

8. AGE: Years **82** Months **11** Days **15**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death  
**Sanguine back lobe  
extremities  
arteriosclerosis**

Due to **Aneurysm**

9. Birthplace **Germany 4**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

Due to **Aneurysm**

Other conditions **Myocarditis, Chronic**  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

12. Name **Don't Know**

13. Birthplace **Germany 4**  
(City, town, or county) (State or foreign country)

14. Maiden name **Don't Know**

15. Birthplace **Germany 11**  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Gertrude Grote**

(b) Address **3838 Shaw Ave.**

17. (a) **Cremation** (b) Date thereof **Oct. 4, 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Crematory**

18. (a) Signature of funeral director **Weick Bros.**

(b) Address **2201 S. Grand Bl.**

19. (a) **OCT 4 1944** **J. F. Bredenk**  
(Date received local registrar) (Registrar's signature)

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 **3**

23. Signature **W. F. Merrin** (M. D. or other) **10/3/44**  
Address **3115 A Spa P** Date signed **10/3/44**

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

MOTHER FATHER

*In Memoriam  
for  
J. E. Johnson  
No. 5370  
6 Year  
3 P.M.*

**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. A. Pleasant*  
.....  
Licensed Embalmer No. **3722**

P. O. Address **412 Duchouquette St.**

**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.**