

FILED JAN 25 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 389

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:
4629 a Minnesota 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 Madison
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4629 A Minnesota Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henrietta Grosse

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

7. Birth date of deceased Nov. 3 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 2 9 hr. _____ min.

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

10. Usual occupation Nil.

11. Industry or business Carl Duessel

12. Name Carl Duessel

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

14. Maiden name Wilhelmina Frankforth

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

16. (a) Informant Chas. Grosse

(b) Address 7141 Virginia

17. (a) Burial (b) Date thereof 1-15-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity

18. (a) Signature of funeral director Jos. P. Fendler Jr.

(b) Address 7128 Michigan Ave.

19. (a) JAN 15 1945 (b) J. F. Bredeek
(Date recorded) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12
year 1945 hour 7 minute 50 P.M.

21. I hereby certify that I attended the deceased from Jan 1
1945 to Jan 12 1945
that I last saw him alive on Jan 12 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 1 year

Due to _____

Due to _____

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

Major findings: Of operations _____ Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 Alvin J. Bannard (M. D. or other) _____

Address 7606 Michigan Date signed 1/13/45

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Ernest J. DeLambault....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Ernest J. DeLambault
Licensed Embalmer No. 2906

P. O. Address 7128 Michigan

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.