. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18768

FILED JUN 19 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5037

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:
Missouri Baptist Hospital
(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 50 D

(c) City or town Hillsboro D
(If outside city or town limits, write "RURAL")

(d) Street No. Route #1, Hillsboro, Mo. NR.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Jerry Groube

3. (b) If veteran, name war

3. (c) Social Security No. 494- 05-0483

4. Sex Male C

5. Color or race White

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

6. (b) Name of husband or wife Lillie Groube

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased August 16, 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	9	20	hr. min.

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

10. Usual occupation Printer

11. Industry or business Post Dispatch - retired

FATHER
12. Name ? Groube
13. Birthplace Omaha Neb.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lillie Groube
(b) Address Route # 1, Hillsboro, Mo.

17. (a) Burial. (b) Date thereof 6/8/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchaster

19. (a) JUN 7 1945 J. F. Breach
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1945 hour 3.18 A.M. minute M.

21. I hereby certify that I attended the deceased from June 3, 1945, to June 6, 1945;
that I last saw him alive on June 5, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	5 days
Due to: vascular hypertension / arteriosclerosis	years / years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

83

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 Ray David Williams (M. D. ~~or other~~)
Address 114 N. Taylor, St. Louis Mo. Date signed 6/6/45

(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.....

Licensed Embalmer No. 1284

P. O. Address St Louis Mo

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.