P. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21977

State File No.

FILED AUG 3 1945

Registration District No. 818

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Firmin Desloge Hospital 0
(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) unknown

2. USUAL RESIDENCE OF DECEASED: 6582

(a) State Missouri (b) County 000 15

(c) City or town city of St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5509 Dewey Avenue 9
(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William F. Groening

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Lena Groening

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased November (Month) 8 (Day) 1875 (Year)

8. AGE: Years 69 Months 8 Days 16 If less than one day hr. min.

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

10. Usual occupation collector

11. Industry or business

FATHER
12. Name August Groening
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Bertha
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Lena Groening
(b) Address 5509 Dewey Avenue

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-28-45 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 So. Grand Blvd.

19. (a) JUL 27 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1945 hour 11:55 minute p. M.

21. I hereby certify that I attended the deceased from 7-24-45, 19..., to 7-24-45, 19...; that I last saw him alive on 7-24-45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Bilateral Hydronephrosis

Due to

Other conditions Coronary Sclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations Confirmed above

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) MD

Address 634 N Grand Date signed 7/27/45

(Licensed Embalmer's Statement on Reverse Side)

Dr Mrather

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 Virgil L. Berryman

Licensed Embalmer No. 4018

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.