

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31442**

FILED SEP 22 1945

Registration District No. 5/7 Primary Registration District No. 6076 Registrar's No. 2224

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Afton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
9032 PHIL O. AV. AFTON, MO/
 (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 MO (b) County St. Louis
 (c) City or town Afton
 (If outside city or town limits, write "RURAL")
 (d) Street No. 9032 PHIL O. AV. AFTON
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME LEOPOLD PAUL GROTH
3. (b) If veteran, name war NO
3. (c) Social Security No. _____
4. Sex MALE **5. Color or** WHITE
6. (a) Single, widowed, married, MARRIED
6. (b) Name of husband or wife. MARY GROTH
6. (c) Age of husband or wife if 75 years
7. Birth date of deceased. OCTOBER 13 1867
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 12
 year 45 hour 9 minute 30 P.M.
21. I hereby certify that I attended the deceased from
June 26, 1945, to July 30, 1945.
 that I last saw h. alive on July 30, 1945.
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chr. myocarditis
hypertensive cardio-vascular
disease.
 Due to _____
 Due to 95%
 Other conditions Senility
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

8. AGE: Years 77 Months 10 Days 30
 If less than one day _____ hr. _____ min.
9. Birthplace ST. LOUIS MO. 0
 (City, town, or county) (State or foreign country)
10. Usual occupation RETIRED
11. Industry or business R. R. ENGINEER
12. Name FRED GROTH
13. Birthplace GERMANY 4
 (City, town, or county) (State or foreign country)
14. Maiden name ELIZABETH KRAUS
15. Birthplace GERMANY 4
 (City, town, or county) (State or foreign country)
16. (a) Informant Mia Mary Groth
(b) Address 9032 Philo Afton Mo.
17. (a) BURIAL (b) Date thereof Sept 15-45
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY
18. (a) Signature of funeral director E. J. Schmur
(b) Address 3125 Lafayette St. Av
19. (a) 9-18-45 (b) E. J. Schmur
 (Data 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? _____ (c) Means of injury _____
23. Signature E. R. Sheridan (M. D. or other) _____
 Address 1755 So. Grand Date signed 9-13-45

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

6
0
0

MOTHER FATHER

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Joseph B. Vollmer*

Licensed Embalmer No. *4014*

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.