S. No. 2
M—2-43
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 23 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35331

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9733

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: City. Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 Years (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 17 13

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

(d) Street No. City Sanitarium
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME HARRY LEE GROBY

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. 1, ~~1890~~ 1888 (Month) (Day) (Year)

8. AGE: Years 57 Months 2 Days ~~27~~ 7 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Invalid Life Time

11. Industry or business

MOTHER FATHER

12. Name John Groby

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

14. Maiden name Elizabeth Kyle

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

16. (a) Informant Lillie Green

(b) Address 7603 Jerome

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 10, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cem

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Ave. Maplewood, Mo.

19. (a) NOV 10 1945 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8 year 1945 hour 5 minute 02 P.M.

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

Immediate cause of death Bronchopneumonia Colon, Volvulus of sigmoid with obstruction and obliteration Single fecalith of rectum and lower in middle third; with Duodenal feces to the flow including a fistula at City Sanitarium on Oct 27 1945 Exact time unknown

Duration

Other conditions (Include pregnancy within 3 months of death)

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) Accident

(b) Date of occurrence Oct 27 1945

(c) Where did injury occur? St Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? City Sanitarium (Specify type of place)

While at work? (e) Means of injury Accident

23. Signature [illegible] (M. D. or other)

Address Date signed 11/10/45

(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 3454

....., Registered Apprentice No.....,

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchest

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.