

FILED DEC 12 1945
318

Primary Registration District No. 1003

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: De Paul 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 Mo (b) County St. Louis
(c) City or town 1519 Engelholm
(If outside city or town limits, write "RURAL")
(d) Street No. 11 City (If rural, give location) NR.
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mary Groby

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29
year 1945 hour 10 minute 15 AM.
21. I hereby certify that I attended the deceased from Nov. 20
1945 to Nov. 29 1945
that I last saw her alive on Nov. 29 1945
and that death occurred on the date and hour stated above.

4. Sex ♀ 5. Color or race W. 6. (a) Single, widowed, married, divorced W.
6. (b) Name of husband or wife Alton W. Groby 6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased Nov. 10 1877
(Month) (Day) (Year)

Immediate cause of death
Cerebral Hemorrhage
Colon & Cerebral Hemorrhage

8. AGE: Years 68 Months 9 Days 19 If less than one day _____ hr. _____ min.

Due to _____
Due to H6
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation at home

PHYSICIAN
Major findings: as above
Of operations _____
Of autopsy none
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name John Stucke
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Lewis
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ed. Groby
(b) Address 1227 Partridge Ave
17. (a) Burial (b) Date thereof Dec 4-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem

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?
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature George A. Carroll (M. D. or other)
Address 607 N Grand Date signed 11/29/45

18. (a) Signature of funeral director L. H. Boyd, Inc
(b) Address 1818 Olive St
19. (a) DEC 3 1945 (b) J. F. Brebeck
(Date received local registrar's certificate) (Registrar's signature)

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

JAN 28 1947

10448 87701
10448 87701

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..... *Felix Howard*

Licensed Embalmer No..... *3034*

P. O. Address..... *Kirkwood 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.