

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

State File No. _____

FILED DEC 12 1945

Registration District No. **318**

Primary Registration District No. **1002**

Registrar's No. **10432**

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution 5633 Julian 1
(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 St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5633 Julian
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Oscar H. Grothaus

3. (b) If veteran, name war _____

3. (c) Social Security No. 49 8-18-9970

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29 year 1945 hour 11:45 minute P . M.

4. Sex Male

5. Color Wh

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

(b) Name of husband or wife _____

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

7. Birth date of deceased March 19 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jaw 1936 to Nov 29 1945 that I last saw him alive on Nov 28 1945 and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years 67 Months 7 Days 10 If less than one day _____ hr _____ min.

Due to Senile myocarditis associated with dilatation of the aorta

Due to _____

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

10. Usual occupation District Salesman

Other conditions (include pregnancy within 3 months of death) 30

11. Industry of business Anheuser-Busch

12. Name David J. Grothaus

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

14. Maiden name Elizabeth

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

Major findings: Of operations _____

Of autopsy no

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Rosine Grothaus

(b) Address 5633 Julian

17. (a) Burial (Burial, cremation, or removal) Burial (b) Date thereof 12-3-45
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

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? _____

18. (a) Signature of funeral director Charles F. Stewart

(b) Address 1225 Union Blvd.

19. (a) DEC 1 1945 (b) J. F. Breuch
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Jos. Messing (M. D. or other) 0

Address 3504 71.14th Date signed 11-30-45

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

MOTHER FATHER

W. F. S. P. ...
3564 M. 14th St
Dec. 9794

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 W. F. S. P.

Licensed Embalmer No. 3575

P. O. Address.....

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.