

FILED NOV 23 1945 18

STANDARD CERTIFICATE OF DEATH 1003

State File No. \_\_\_\_\_  
Registrar's No. 9781

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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: Enroute to City Hospital 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 20 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL" and location)  
(d) Street No. 1817 Crittenden  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jessie Lee Groves

3. (b) If veteran, name war No 3. (c) Social Security No. 499-05-5044

4. Sex M 0 race W 5. Color or race \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Gladys 6. (c) Age of husband or wife if alive 24 years  
7. Birth date of deceased Oct. 7, 1899  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
46 1 4 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Synite Missouri 6  
(City, town, or county) (State or foreign country)

10. Usual occupation Furniture Loader

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Jacob Groves  
13. Birthplace Missouri 0  
(City, town, or county) (State or foreign country)  
14. Maiden name Lucenda Birch  
15. Birthplace Pennsylvania 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Gladys Groves  
(b) Address 1817A Crittenden, St. Louis, Mo.

17. (a) Burial (b) Date thereof 11/13/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Matthews Cem

18. (a) Signature of funeral director A. W. M. Laughlin  
(b) Address 2301 Lafayette Ave., St. Louis, Mo.

19. (a) NOV 12 1945 (b) J. F. Predeck  
(Date of death) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11  
year 1945 hour 4 minute 15 a.m.

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

Immediate cause of death \_\_\_\_\_  
Due to Cerebral Hypertension  
Covering Disease

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations 18  
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) \_\_\_\_\_  
(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 Esther E. Taylor (M.D. or other) \_\_\_\_\_  
Address St. Louis Date signed 11/13/45

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

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**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 A. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 230 1/2 Lafayette

**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.**