S. No. 2
M—5-43
. 5-17-39
I X36871

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42291

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 188

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution: 514 Transit Street (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 Missouri (b) County St. Charles 92

(c) City or town St. Charles (If outside city or town limits, write "RURAL") 9

(d) Street No. 514 Transit Street (If rural, give location) 3

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

If yes, name country

3. (a) PRINT FULL NAME William Grotjohn

3. (b) If veteran, name war NIL

3. (c) Social Security No. NIL

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Susie (Shiller) Grotjohn, deceased

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

7. Birth date of deceased May (Month) 20 (Day) 1867 (Year)

8. AGE: Years 78 Months 6 Days 15 If less than one day hr. min.

9. Birthplace Moberly (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Frank Grotjohn
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Linda & Dorothy Grotjohn

(b) Address 514 Transit-St. Charles, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-18-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove-St. Charles, Mo.

18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co

(b) Address 800 N. 2nd-St. Charles, Mo.

19. (a) 12/15/45 (Date received local registrar) (b) Fannie Hamilton (Registrar's signature)

1663

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15 year 1945 hour 5:45 minute A M.

21. I hereby certify that I attended the deceased from Apr 17, 1945 to Dec-15, 1945 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93 1

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 [illegible] (M. D. or other)

Address 200 N. Main St St Charles Mo Date signed 12/18/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 1-10-46

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 John E. Dallmeyer
Licensed Embalmer No. 295-1
P. O. Address St. Charles 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.