

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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **351**
1063
Registrar's No. _____

FILED FEB 13 1946
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1036 N. Vandeventer
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 11000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1036 N. Vandeventer
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME EVA LEE GROGNE
 (b) If veteran, name war _____
 (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
 year 1946 hour 7:30 minute 4 M.
21. I hereby certify that I attended the deceased from June 22, 1946 to June 30, 1946
 that I last saw him alive on June 25, 1946
 and that death occurred on the date and hour stated above.

4. Sex female 5. Color of race Col.
 6. (a) Single, ~~widowed~~, married, divorced Widow
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased: Nov 10 1899
(Month) (Day) (Year)

Immediate cause of death Broncho pneumonia
 Due to _____
 Due to _____
 Other conditions 107
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

8. AGE: Years 46 Months 2 Days 20 If less than one day _____ hr. _____ min.
9. Birthplace: Brookville, Miss
(City, town, or county) (State or foreign country)
10. Usual occupation: housewife
11. Industry or business: _____
MOTHER FATHER
 12. Name Sanford Young
 13. Birthplace Miss
 14. Maiden name Flora May Hill
 15. Birthplace Miss
(City, town, or county) (State or foreign country)
 16. (a) Informant Edna Fletcher
 (b) Address 1036 N. Vandeventer
 17. (a) Greenwood Care Date thereof Feb 2, 1946
(Burial, cremation, or exposure) (Month) (Day) (Year)
 (c) Place: burial or cremation English Wood Co.
 18. (a) Signature of funeral director J. F. Bredeh
 (b) Address 2931 Lucas
 19. (a) JAN 31 1946 J. F. Bredeh
(Date received from registrar) (Registrar's signature)

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 J. H. Hill (M. D. or other) _____
 Address 4913 Selma Date signed Jan 31

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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 Burton English
Licensed Embalmer No. 4208
P. O. Address 2931 Lucas Ave

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.