

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38650

State File No. _____

FILED DEC 2 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 0836

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

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:
Park Lane Hospital *O*
(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..... Illinois (b) County..... Fayette 999

(c) City or town..... St. Elmo 11
(If outside city or town limits, write "RURAL") NR

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

(e) Citizen of foreign country?..... (Yes or No) 2
If yes, name country.....

3. (a) PRINT FULL NAME..... Minnie Grobengeiser

3. (b) If veteran, name war..... Nil

3. (c) Social Security No..... None

4. Sex..... Female

5. Color or race..... White

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

6. (b) Name of husband or wife..... John Grobengeiser

6. (c) Age of husband or wife if alive..... 61 years

7. Birth date of deceased..... October 25 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	61	0	22	hr. min.

9. Birthplace..... Altamont Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation..... Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name..... Charles Miller

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

14. Maiden name..... Wilhelmina Schmitz
(City, town, or county) (State or foreign country)

15. Birthplace..... Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant..... John Grobengeiser

(b) Address..... St. Elmo, Ill.

17. (a) Removal..... (b) Date thereof..... 11-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Altamont, Illinois

18. (a) Signature of funeral director..... Albert H. Hoppe

(b) Address..... 4700 Washington Blvd.

19. (a) NOV 18 1946 (Date received local registrar)

2 Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Nov. 17
year..... 1946 hour..... 11:30 minute..... P. M.

21. I hereby certify that I attended the deceased from 10-11-46
....., 19....., to 11-17....., 1946
that I last saw her alive on 11-17....., 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death..... Myo-cardi-ixis-Chronic. ?

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings:
'Of operations.....

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?.....

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature..... (M. D. or other) M.D.

Address..... 4930 Lindell Blvd. Date signed..... 11/18/46

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 Agnoski*
Licensed Embalmer No. *3398*
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.