

FILED DEC 24 1946

State File No. 41952

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 3582

1. PLACE OF DEATH:

(a) County Bonhomme Township  
 (b) City or town St Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Manchester Nursing Home 4  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 Months  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME Harriet Amelia Groom

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 29 1861  
 (Month) (Day) (Year)

8. AGE: Years 85 Months 6 Days 15 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Concord Iowa  
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

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

12. Name Charles Doolittle 9

13. Birthplace Not Known  
 (City, town, or county) (State or foreign country)

14. Maiden name Amelia 11

15. Birthplace Not Known  
 (City, town, or county) (State or foreign country)

16. (a) Informant Dr. Horace E Groom

(b) Address 1359 McCutcheon Rd.

17. (a) Removal (b) Date thereof 12/14/46  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Conway Iowa

18. (a) Signature of funeral director John J. Ziegenfuss

(b) Address 7027 Grand Ave

19. (a) 12-16-46 (b) Arthur J. Allen  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Louis 91/105  
 (c) City or town Webster Groves 7  
 (If outside city or town limits, write "RURAL") 4  
 (d) Street No. 1359 McCutcheon  
 (If rural, give location) 11  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14  
 year 1946 hour 130 minute P M.

21. I hereby certify that I attended the deceased from Nov 3  
21 1946 to Dec 14 1946  
 that I last saw he alive on Dec 14 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac failure 2 days  
Ch. Myocarditis

Due to Ch. Myocarditis

Due to 93d

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

Duration

PHYSICIAN

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Dr. Perry (M. D. or other) MD

Address Creve Coeur, Mo Date signed 12-14-46

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

MOTHER FATHER

**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.....

*M. J. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *Overland, 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.**