

S. No. 2
OM-5-43
v. 5-17-39
X35671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 23 1947

Registration District No. 312

Primary Registration District No. 1003

Registrar's No. 170

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:
4903 MAFFITT PL.
(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 Mo. (b) County.....

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

(d) Street No. 4903 MAFFITT PL.
(If rural, give location)

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

3. (a) PRINT FULL NAME MARY CATHERINE GROETING

3. (b) If veteran, name war No

3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 5
year 1947 hour..... minute 11:45 P.M.

21. I hereby certify that I attended the deceased from Jan 3 1947 to Jan 5 1947
that I last saw her alive on Jan 3 1947
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

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

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

7. Birth date of deceased JAN 1st 1861
(Month) (Day) (Year)

Immediate cause of death Central Neurhage

Due to Central Neurhage

Due to Central Neurhage

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

8. AGE: Years Months Days If less than one day
86 0 4 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business.....

MOTHER FATHER { 12. Name GERHARD JOHN GROETING

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name MARY MEY

15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Aloy Siuset KREGLER

(b) Address 4903 MAFFITT PL.

17. (a) BURIAL (b) Date thereof JAN 8 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

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?.....

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Linda Kelly

(b) Address 4903 MAFFITT PL. ST. LOUIS

19. (a) JAN 7 1947 (b) J. F. Prudeck
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place) (c) Means of injury.....

23. Signature J. F. Prudeck (M. D. or other) 170

Address 496 1/2 S. Main Block

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

4918a DeFuner

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 James G. Lemmers

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.