S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15135

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2888

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital, O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 5 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ST. Louis 96
(c) City or town Shrewsbury 15 (If outside city or town limits, write "RURAL")
(d) Street No. 27 ST. Charles PL. NR 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Ruth Julia Geoetsch

3. (b) If veteran, name war None

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 Theo. J. Groetsch

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased November (Month) - 15 (Day) - 1906 (Year)

8. AGE: Years 40 Months 4 Days 27 If less than one day hr. min.

9. Birthplace Phelps County (City, town, or county) Mo (State or foreign country) O

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Emory Lawn

13. Birthplace Phelps County (City, town, or county) Mo (State or foreign country) O

14. Maiden name Edna Michael

15. Birthplace Phelps County (City, town, or county) Mo (State or foreign country) O

16. (a) Informant Theo. J. Groetsch
(b) Address 27 St Charles Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-1947 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Mittelberg Funeral Home
(b) Address 23 W. Lockwood, Webster Groves, Mo

19. (a) APR 14 1947 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1947 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from April 10, 1947, to April 12, 1947, that I last saw her alive on April 12, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Brain tumor, type undetermined

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy As above

Duration

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 Barnes Hospital, Date signed 4-12-47

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 6) 4343

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.