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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15948
Registrar's No. 969

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Manchester Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Prin Creek Homes - Dur II 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
In this community 67 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME LOUISE GROTH
3. (b) If veteran, name war LOUISE GROTH
3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Herman Groth 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased May 26th 1866
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Unknown

12. Name unknown 9

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

14. Maiden name unknown 9

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

16. (a) Informant Mr. Armin C. Groth

(b) Address 2231 Benton St. 5-3-47

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave

19. (a) 5-1-47 (Date received local registrar) (b) Becile Z. Sharp (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
1849 Mullany St. 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 1
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29th year 1947 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from April 16th 1947 to April 29th 1947
that I last saw her alive on April 28th 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to _____ 932

Other conditions Chronic Myocarditis
(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 R. N. Jansen (M. D. or other) _____

Address Manchester Mo Date signed 4/29/47

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

JUN 10 1947

JUN 15 1947

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 P. Beckholz

Licensed Embalmer No. *1674*

P. O. Address *2223 St. Louis 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.