V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 5 1947
#70297

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18882

Registration District No. .....

Primary Registration District No. 1003

Registrar's No. 5294

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

1. PLACE OF DEATH:
(a) County .....
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis City Hospital-Max C. Starkloff
(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 Missouri (b) County 0 0 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 3527a Cherokee Street 0
Memorial (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 16
If yes, name country .....

3. (a) PRINT FULL NAME WILLIAM GROND
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Rose
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased February 2nd, 1865 (Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Germany (State or foreign country) 4
10. Usual occupation Retired
11. Industry or business .....
FATHER
12. Name Unknown
13. Birthplace ..... (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Wm. Bosworth
(b) Address 3617 Humphrey, St. Louis, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 28, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Wacker-Helderle U & L Co.
(b) Address 3634 Gravois, St. Louis, Mo.
19. (a) MAY 28 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th year 1947 hour 4:55 minute P M.

21. I hereby certify that I attended the deceased from 4/12/47 ....., 19....., to May 25th, 1947; that I last saw him alive on May 25th, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Insufficiency	7 weeks
Due to: Arteriosclerosis general	years
Due to:	
Other conditions: Multiple Cerebral Thrombosis (Include pregnancy within 3 months of death)	weeks

Major findings:
Of operations .....
Of autopsy As above

PHYSICIAN
Underline the cause of 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 H. C. Sweet (M.D. or other) 1515 Lafayette 5/26/47
Address ..... Date signed .....

Jefferson City Printing Co.

(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 Robert C Wheeler

Licensed Embalmer No. 2128

P. O. Address St Louis 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.