No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29081 8161

FILED SEP 4 1947

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

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 832 Bittner St.
(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 (b) County 000
(c) City or town St. Louis, Mo 17
(If outside city or town limits, write "RURAL")
(d) Street No. 8 832 Bittner Str 9
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank Grosch
3. (b) If veteran, name war None
3. (c) Social Security No. No
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Kunigunda Eckert
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased July (Month) 27 (Day) 1864 (Year)

8. AGE: Years 83 Months 0 Days 29 If less than one day hr. min.
9. Birthplace Germany (City, town, or county) 4 (State or foreign country)
10. Usual occupation Clerk
11. Industry or business
FATHER
12. Name Unknown 11
13. Birthplace Germany (City, town, or county) 7 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)
16. (a) Informant William Grosch 1
(b) Address 832 Bittner
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Edward Koch
(b) Address 3516 N. 14th Str
19. (a) AUG 27 1947 (Date received local registrar) (b) J. F. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26 year 1947 hour One minute 30 P.M.
21. I hereby certify that I attended the deceased from 1938 ..., 19..., to Aug 26, 1947 that I last saw him alive on Aug 26, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized arteriosclerosis	15 yrs
Due to	
Due to 97	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 0
23. Signature J. R. Kroos (M. D. ~~or other~~)
Address 8209 N. Broadway Date signed Aug 27, 1947

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.....

Licensed Embalmer No. 3077

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.