No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 9 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1005

Primary Registration District No.

State File No. 43077

Registrar's No. 11847

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: Little Flower Retreat House
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 months (Specify whether years, months or days)

In this community 82 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St. Louis
(If outside city or town limits, write "RURAL") 17

(d) Street No. 2500 S. 13th Street
(If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 3

If yes, name country

3. (a) PRINT FULL NAME: THERESA GROWE

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: Widowed 2

6. (b) Name of husband or wife: Theodore Growe

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

7. Birth date of deceased: August (Month) 15 (Day) 1865 (Year)

8. AGE: Years 82 | Months 4 | Days 10 | If less than one day hr. min.

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

10. Usual occupation: -----

11. Industry or business: -----

FATHER
12. Name: Casper Austerman
13. Birthplace: (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name: Unknown
15. Birthplace: (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant: Mr. Theodore J. Growe
(b) Address: 7541 Warner

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Wallock
(b) Address: 2117 East Grand Blvd.

19. (a) DEC 28 1947 (Date received local registrar) (b) J. F. Bradrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25th year 1947 hour 10 minute 35 A.M.

21. I hereby certify that I attended the deceased from Dec 4 1947 to Dec 25 1947 that I last saw her alive on Dec 25 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hypocardiac	1-10 46
Due to: Arteriosclerosis	1-10 46
Due to:	
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: [illegible] (M. D. or other) M.D.

Address: 3863 W. Bell Date signed 12-26-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

R. E. Bynum
3804 N. Grand

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 Frank G. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand.

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.