No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 30 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2568

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 674

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. John's Hospital
(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 109
(c) City or town Warrenton 1
(If outside city or town limits, write "RURAL")
(d) Street No. N. R. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Charles E. Grohe
3. (b) If veteran, name war None
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 Ernestine Grohe
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 26, 1868 (Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 24 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Retired Manager
11. Industry or business Ludwig Music House
FATHER
12. Name Edward Grohe 4
13. Birthplace Austria 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name F. Kouski 1
15. Birthplace Austria 1 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Ernestine Grohe
(b) Address Warrenton, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.,
19. (a) JAN 22 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20th year 1948 hour 7 minute p. M.

21. I hereby certify that I attended the deceased from 1/14/47, 19..., to 1/20/47, 19...; that I last saw him alive on 1/20/47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebrovascular occlusion	1 mo.
Due to: art. sclerosis	
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

23. Signature O. F. Falk (M. D. or other) MD
Address Humboldt Med Bldg Date signed 1/20/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 8 1949

DR. O.P.J. FALK
3604 WASHINGTON
1 TO 4 P.M.

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 J. W. Dunbley

Licensed Embalmer No. 3653

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.