S. 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

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14981

FILED MAY 15 1948

Registration District No. 3/7

Primary Registration District No. 6076

Registrar's No. 1134

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community 9 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Jasper
(c) City or town West Liberty
(If outside city or town limits, write "RURAL")
(d) Street No. - Rural
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

999
110
2

3. (a) PRINT FULL NAME GROVE, Ross J.
3. (b) If veteran, name war WW-2
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife -
6. (c) Age of husband or wife if alive - years
7. Birth date of deceased June (Month) 3 (Day) 1926 (Year)

8. AGE:

Years	Months	Days	If less than one day
21	11	0	hr. min.

9. Birthplace Olney, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Student
11. Industry or business
FATHER
12. Name Olin Grove
13. Birthplace - Illinois (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mabel Alcorn
15. Birthplace - Illinois (City, town, or county) (State or foreign country)
16. (a) Informant Registrar, VA Hospital
(b) Address Jefferson Barracks, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation Newton, Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington, St. Louis, Mo.
19. (a) 5-4-48 (Date received local registrar) (b) Cecil A. J. Sharpe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1948 hour 3:15 minute P. M.
21. I hereby certify that I attended the deceased from April 24, 1948, to May 3, 1948;
that I last saw him alive on May 3, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CEREBELLAR TUMOR	
Due to Malignant	
Due to 34 b	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations 5/1/48
Cerebellar Craniotomy
Of autopsy No Autopsy performed

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) None
(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? (Specify means of injury)
23. Signature L. E. Stilwell, (M. D. or other)
Address Jefferson Barracks, Mo. Date signed 5/3/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

AUG 24 1948

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 Gustav W. Dietrich

Licensed Embalmer No. 4329

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.