

Registration District No. 318 Primary Registration District No. 1005 Registrar's No. _____

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:
3933 St. Louis Ave. /
(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)

3: (a) PRINT FULL NAME Mary Grote
(b) If veteran, name war No (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 5 1862
(Month) (Day) (Year)

8. AGE: Years 86 Months 5 Days 12 If less than one day
 hr. _____ min.

9. Birthplace Prairie Town Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
12. Name Henry Dietzel
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Oberlies
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Grote
(b) Address 3933 St. Louis Ave.
17. (a) Removal (b) Date thereof 6-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bunker Hill, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JUN 20 1948 (b) J. F. Bracke
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Macoupin 999
(c) City or town Bunker Hill 11
(If outside city or town limits, write "RURAL") 0
(d) Street No. N.R. (If rural, give location) 2
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month June day 17
year 1948 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 7
_____, 1948, to June 16, 1948
that I last saw her alive on June 16, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to _____
Due to _____

Other conditions Diabetes, Hypertension, senility, arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature John A. Hartung (M. D. or other) MD
Address 2807 N. Grand Date signed 6/18/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE INK

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 J. [Signature]

Licensed Embalmer No. 12645

P. O. Address [Signature]

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.