

Registration District No. **318**

Primary Registration District No. **1003**

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:
St. Anthony Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 das. (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME CONRAD R. GROEPPER

3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-09-9164

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hazel L. 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased January 2 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 6 13 hr. min.

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

10. Usual occupation Candy Maker

11. Industry or business St. Louis Fondant Co.

12. Name Herman Groepper

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

14. Maiden name Anna Wotowa

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

16. (a) Informant Hazel L. Groepper

(b) Address 2826 Minnesota Ave.

17. (a) Burial (b) Date thereof 7/19/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.

19. (a) J. F. Bruseck (b) J. F. Bruseck
(Date received) (Registrar's signature)

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. 2826 Minnesota Ave. (If rural, give location) 9
16 (e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th
year 1948 hour 5 minute 05 P. M.

21. I hereby certify that I attended the deceased from July 6, 1948 to July 15, 1948
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation of heart
thrombo-embolism
of coronary artery
Due to _____ 12 hrs
24 hrs
Due to _____ 3 hrs

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: Coronary artery disease
Of operations _____
Of autopsy dilated heart & thrombo-embolism

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? _____ (c) Means of injury _____

23. Signature W. J. Bullman (M. D. or other) MD
Address 407 N. Grand Date signed 7/16/48

WRITE PLAINLY—USE UNFADING INK

MOTHER FATHER

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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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed: Joe B. Benz

Licensed Embalmer No. 4249

2842 Meramec St.
P. O. Address St. Louis, 18 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.