FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 31 1948

Registration District No. 517

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 25011

Registrar's No. [illegible]

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Grimsby
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Rural Route
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Grimsby
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Louis Grobe

3. (b) If veteran, name war Spanish-American

3. (c) Social Security No. None

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 (Unknown) (Month) about (Day) 1874 (Year)

8. AGE: Years About 74 | Months | Days | If less than one day ..... hr. ..... min.

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

10. Usual occupation Rodcarrier

11. Industry or business Retired

FATHER
12. Name Frederick Grobe
13. Birthplace Berlin, (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Louisa Schaumhorst
15. Birthplace Melbourne (City, town, or county) Australia (State or foreign country)

16. (a) Informant Frederick Grobe
(b) Address 227 East Primm

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery J.B.Mo.

18. (a) Signature of funeral director C. Hoffmeister U&L Co.
(b) Address 7814 South Broadway St. Louis, Mo.

19. (a) 7-8-48 (Date received local registrar) (b) [signature] (Registrar's signature) MEC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 8
year 1948 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...;
that I last saw h..... alive on ..... 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Unknown

Due to

Due to 200c

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to 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 [signature] (M. D. or other)

Address Commissioner of Health Date signed 7-10-48

(Licensed Embalmer's Statement on Reverse Side)

SEP 2 1948

Dr Sharpe
St Louis County Health Centre

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 7874 S Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.