

No. 300
10-47
5-17-39
PI 3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27760**
7587
Registrar's No.

Registration District No. **318**

Primary Registration District No. **1003**

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

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)

In this community 50 Years

3: (a) PRINT FULL NAME Edwin H. Grosse

3: (b) If veteran, name war _____

3: (c) Social Security No. _____

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Matilda Burgdorf Grosse

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased July 25, 1881
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 3
If less than one day hr. _____ min. _____

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

10. Usual occupation Stock man

11. Industry or business Carter Carburetor Co.

MOTHER FATHER

12. Name Charles Henry Grosse

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

14. Maiden name Amelia Gerding

15. Birthplace Vandey Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Matilda Grosse

(b) Address 3801a Labadie Ave.

17. (a) Burial (b) Date thereof Aug. 31, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery
BEIDERWIEDEN F. H. INC.

18. (a) Signature of funeral director _____

(b) Address 809 36 St. Louis Ave.

19. (a) Aug 30 1948 (b) John F. Bredex
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 611

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3801 a Labadie Ave.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28 th
year 1948 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from Aug 26, 1948 to Aug 28, 1948
that I last saw him alive on Aug 27, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 1 hr.

Due to 9 Hrs

Due to _____

Other conditions generalized arteriosclerosis
(Include pregnancy within 6 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

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

23. Signature John F. Bredex (M.D. or other) no
Address 3701 S. Grand St. St. Louis Mo. Date signed 8-28-48

Dr. Bernard Frous
3701 Grandee Spine

10-3

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

Max L. Oranfel

Licensed Embalmer No. *4170*

P. O. Address *1936 St Louis Ave*

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.