No. 300
10.48

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

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2737

BIRTH NO. _____ REG. DIST. NO. 318 1003 PRIMARY REG. DIST. NO. _____ Registrar's No. 929

1. PLACE OF DEATH
a. COUNTY ~~St. L~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place): 25 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BARNARD HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: Same
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 17
d. STREET ADDRESS (If rural, give location): 2309 N. 18TH. ST. 1

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle):
c. (Last): GROSSMEYER

4. DATE OF DEATH (Month) 1 (Day) 29 (Year) 49

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: JULY 16 1870
9. AGE (In years last birthday): 78 — If under 1 year: Months 7, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Unemployed
11. BIRTHPLACE (State or foreign country): HUNGARY
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: PETER GROSSMEYER
13b. MOTHER'S MAIDEN NAME: KATHERINE KIESS
14. NAME OF HUSBAND OR WIFE: Elizabeth Grossmeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Elizabeth Grossmeyer — **ADDRESS**: 2309 N. 18th St.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Squamous cell ca of forehead
ANTECEDENT CAUSES — DUE TO (b): Metastasis to of neck — 8 mo
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS: Arteriosclerotic C.V. disease, Hypertension, Auricular fibrillation - yrs
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Metastasis of sq cell ca to of neck
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) a.m. p.m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-24, 1948, *to* 1-29, 1949, *that I last saw the deceased alive on* 1-29, 1949, *and that death occurred at* 10:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph E. Flynn (Degree or title): MD
23b. ADDRESS: Barnard Skin & Cancer Hosp
23c. DATE SIGNED: 1-31-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 2-3-49
24c. NAME OF CEMETERY OR CREMATORY: Resurrection Cem.
24d. LOCATION (City, town, or county): ST. LOUIS (State): Mo.

DATE REC'D BY LOCAL REG.:
REGISTRAR'S SIGNATURE: J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE: Thomas Lutz — ADDRESS: 2906 Gravois

(Licensed Embalmer's Statement on Reverse Side)

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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Hamm C Dell

Licensed Embalmer No. 4347

P. O. Address 2906 Travis

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.