

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14384

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 669

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE MISSOURI b. COUNTY ST LOUIS	
b. CITY OR TOWN WEBSTER GROVES c. LENGTH OF STAY (in this place) 43 YRS		c. CITY OR TOWN WEBSTER GROVES 96	
d. FULL NAME OF HOSPITAL OR INSTITUTION 828-TUXEDO BULD		d. STREET ADDRESS (If rural, give location) 888 TUXEDO BULD 4	
3. NAME OF DECEASED a. (First) JOSEPH b. (Middle) G c. (Last) GROTHA			4. DATE OF DEATH (Month) (Day) (Year) MARCH 17 1949
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER	8. DATE OF BIRTH SEPT 14 1868
9. AGE (In years last birthday) 90	10. USUAL OCCUPATION (His kind of work done during most of working life, even if retired) CARPENTER	10b. KIND OF BUSINESS OR INDUSTRY RETIRED	11. BIRTHPLACE (State or foreign country) 4 DANZIG GERMANY
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME UNKNOWN GROTHA	
13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE EMMA GROTHA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Coa McCormick ADDRESS Webster Groves	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion INTERVAL BETWEEN ONSET AND DEATH 3 wks ANTECEDENT CAUSES DUE TO (b) 4201 DUE TO (c) g4a II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. upper Respiratory virus 4 wks	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Feb 9, 1949 to Mar 17 1949 , that I last saw the deceased alive on 3/17, 1949 , and that death occurred at 7:30 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE R. J. Johnson (Degree or title)		23b. ADDRESS 520 S. Big Bend	23c. DATE SIGNED 3/18/49
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAR 21 1949	24c. NAME OF CEMETERY OR CREMATORY ST. BRIGITS CH. PACIFIC	24d. LOCATION (City, town, or county) (State) MO
DATE REC'D BY LOCAL REG. 3-19-49	REGISTRAR'S SIGNATURE Theresa L. Linniger	25. FUNERAL DIRECTOR'S SIGNATURE PARKER UNDERTAKING CO. GROVES ADDRESS WEBSTER	

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

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.

Signed.....

Leslie Welch

Signed.....
Student Embalmer

Licensed Embalmer No. *4395*

P. O. Address *Webster Groves 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.