

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17305

State File No. 4547

| | | | | | | | | |
|---|------------------------|--|---|--|---|---|--|--|
| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. | | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 5603 Easton Avenue | | | | d. STREET ADDRESS (If rural, give location) 5603 Easton Avenue | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Herman b. (Middle) L. c. (Last) Grosskop | | | 4. DATE OF DEATH (Month) (Day) (Year) May 22, 1949 | | | | | |
| 5. SEX M. <u>0</u> | 6. COLOR OR RACE W. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced <u>4</u> | | 8. DATE OF BIRTH March 7, 1876 | | 9. AGE (In years last birthday) 73 If under 1 year: Months Days Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Supt. | | 10b. KIND OF BUSINESS OR INDUSTRY Construction | | 11. BIRTHPLACE (State or foreign country) Warrenton, Mo. | | 12. CITIZEN OF WHAT COUNTRY? | | |
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Wilhelming Grosskop, Dec. | | | | |
| 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 ADDRESS Herbert C. Grosskop 18 Glenn Rd. Webster, Mo. | | | | |
| 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral Stenosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 week | |
| 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) 92 | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 3:30 PM | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 410K | | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>C. P. A. Lip Redman</u> (Degree or title) | | | | 23b. ADDRESS 1759 N. Kings Highway | | 23c. DATE SIGNED May 23, 49 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE May 24, 1949 | 24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | | |
| DATE REC'D BY LOCAL REG. MAY 23 1949 | | REGISTRAR'S SIGNATURE <u>J. B. Lanster</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alexander Sons</u> | | | | |

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

Dr Shepherd
1259 N Kings highway
Fo 7233

~~10 Covington Meadows, Ky 40005~~
Buried
2-4

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 Jos. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 Pellman

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.