

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25646

State File No. ....

FILED AUG 2 1949

BIRTH NO. _____		REG. DIST. NO. <u>1217</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>1537</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>BLACK JACK</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>BLACK JACK</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>RUTH</u>		b. (Middle) --		c. (Last) <u>GROVES</u>	
4. DATE OF DEATH		(Month) <u>JUNE</u>		(Day) <u>26</u>		(Year) <u>1949</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE (1)</u>		8. DATE OF BIRTH <u>FEB. 19, 1878</u>	
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months <u>7</u> Days <u>4</u>		IF UNDER 4 HRS. Hours <u>7</u> Min. <u>7</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNEMPLOYED</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>ROBERT GROVES</u>		13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE FONTRINE</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Christine Groves</u>		ADDRESS <u>2987 Clearview Dr.</u>	
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) <u>Acute coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>Bronchial asthma</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2</u> <u>18 mo</u> <u>and from</u> <u>1922</u>	
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)		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 <u>June 14, 1949</u> , to <u>June 16, 1949</u> , that I last saw the deceased alive on <u>June 16, 1949</u> , and that death occurred at <u>9:30 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. J. Fadden</u>				23b. ADDRESS <u>663 Lillian</u>		23c. DATE SIGNED <u>6-27-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6/29/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
DATE RECD BY LOCAL REG. <u>U-28-49</u>		REGISTRAR'S SIGNATURE <u>R. Drake MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin J. Feuf</u>		ADDRESS <u>4828 Natural Bridge</u> <u>Bldg.</u>	

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

230-4000

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 Ralph G. Linders

Licensed Embalmer No. 4275

P. O. Address St. Louis, 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.