

FILED OCT 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35888

Registrar's No. 4128

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		REGISTRAR'S NO. 4128	
1. PLACE OF DEATH a. COUNTY St. Louis County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN St. Louis County, Mo.)		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) 96 15 OR TOWN Normandy St. Louis County		d. STREET ADDRESS (If rural, give location) Mother of Good Council	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mother of Good Council				d. STREET ADDRESS (If rural, give location) Mother of Good Council			
3. NAME OF DECEASED (Type or Print) a. (First) NELLIE b. (Middle) M. c. (Last) GROGAN			4. DATE OF DEATH (Month) (Day) (Year) 10-10-1949				
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH Sept. 18, 1872	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 0 Days 22	IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Timothy Tracy			13b. MOTHER'S MAIDEN NAME Ann (unknown)		14. NAME OF HUSBAND OR WIFE Timothy Grogan-dec.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Estelle Donnelly, 3538 Crittenden			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Vascular-Renal-disease ANTECEDENT CAUSES Interstitial Nephritis-Hypertension Senile-type Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) General Arthritis-deformans II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Died in the Home of the Incurables				INTERVAL BETWEEN ONSET AND DEATH ? Condition Info. name. ? Condition Info. name.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Inanitia. 725 X				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) 442X			
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 11-20-1948 to 10-10-1949, that I last saw the deceased alive on 10-10-1949, and that death occurred at 5:35 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <i>John B. Finno</i>				23b. ADDRESS 3734 Jennings Rd		23c. DATE SIGNED 10/10/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-12-49		24c. NAME OF CEMETERY OR CREMATORY Int. Calvary Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. 10-10-49		REGISTRAR'S SIGNATURE <i>Herbert R. Womke Md. St. L.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sullivan Fun. Dir. 2849 No. Euclid Ave			

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

exists when taken

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

Signature *Robert L. Brunkman*

Licensed Embalmer No. *3553*

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.