

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36816

State File No. ....

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

FILED NOV 29 1949		REG. DIST. NO. 116		PRIMARY REG. DIST. NO. 3020		Registrar's No. 162	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Franklin</b>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural (Central) Washington</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Franklin</b>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural (Central) Washington</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural (Central) St. Clair</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <b>Elizabeth Jean</b>		b. (Middle) <b>Grote</b>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>11-23-49</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
				<b>Never Married</b>		<b>11-20-49</b>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			9b. KIND OF BUSINESS OR INDUSTRY			9. AGE (In years last birthday)	
<b>None</b>			<b>None</b>			10. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
11. BIRTHPLACE (For foreign countries, give country, province, territory, or island)			12. CITIZEN OF WHAT COUNTRY?				
<b>Washington, Missouri</b>			<b>St. Francis Hospital</b>				
13a. FATHER'S NAME <b>Harvey Grote</b>		13b. MOTHER'S MAIDEN NAME <b>Wilma Townsley</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
<b>No</b>		<b>None</b>		<b>Mr. Harvey Grote St. Clair, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>1- PREMATURELY</b>					<b>2 Days</b>
		II. OTHER SIGNIFICANT CONDITIONS					
		<b>(6 mo)</b>					<b>776X</b>
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) (m.)		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 <b>11-20</b> , 19 <b>49</b> , to <b>11-22</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>11-22</b> , 19 <b>49</b> , and that death occurred at <b>8 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title)			23b. ADDRESS			23c. DATE SIGNED	
<b>John J. Pearl, M.D.</b>			<b>St. Clair, Mo.</b>			<b>11-23-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<b>Burial</b>		<b>11-23-49</b>		<b>St. Clare</b>		<b>St. Clair, Missouri.</b>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
<b>Nov 23, 1949</b>				<b>990</b>		<b>St. Clair, Mo.</b>	

District File Number \_\_\_\_\_  
District Health Officer No. 9,  
RECEIVED NOV 26 1949

*This body was not embalmed*

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 \_\_\_\_\_

*Jose Gahr*

Licensed Embalmer No. *4486*

P. O. Address \_\_\_\_\_

*St. Clair, 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.