FILED DEC 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43246

04675

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson Barracks, Mo.
c. LENGTH OF STAY (in this place): 38 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Adm. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: St. Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Summerfield
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)
a. (First): Harry
b. (Middle): (NMI)
c. (Last): GROLLE

4. DATE OF DEATH (Month) (Day) (Year): December 11 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: About 61 years old
9. AGE (In years last birthday): 61 (approximately)
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Summerfield, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Frederich Grolle
13b. MOTHER'S MAIDEN NAME: Anna Unknown
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW-1
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: VA HOSPITAL RECORDS
ADDRESS:

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	GENERALIZED ARTERIOSCLEROSIS WITH BRAIN ENVOLMENT	Unk.
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	DECUBITUS ULCER-MULTIPLE	Unk.
DUE TO (c)	CHRONIC GASTRO ENTERITIS	Unk.
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.		5722

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION: ---
572.2
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that* VA *attended the deceased from* Nov. 3, 1949, *to* Dec. 11, 1949, ~~that I last saw the deceased alive on XXXXXXXXXXXXXXXX~~, *and that death occurred at* 9:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE L.E. Stilwell (Degree or title): L. E. STILWELL, M.D., Chf. of Prof. Services
23b. ADDRESS: VAH, Jefferson Barracks, Mo.
23c. DATE SIGNED: 12-12-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12-13-1949
24c. NAME OF CEMETERY OR CREMATORY: College Hill
24d. LOCATION (City, town, or county) (State): Lebanon Illinois

DATE REC'D BY LOCAL REG.: 12-14-49
REGISTRAR'S SIGNATURE: Herbert R. Domke, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Othmar J. Meyer - Lebanon, Illinois

(Licensed Embalmer's Statement on Reverse Side)

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.

Student .....
Student Embalmer

Signed J. Allen Davis Jr

Licensed Embalmer No. 40 [illegible]

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.