

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI

FILED APR 25 1950

STANDARD CERTIFICATE OF DEATH

State File No. 14576  
Registrar's No. 3517

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		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		c. LENGTH OF STAY (In this place) 7		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2079	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital				8. STREET ADDRESS (If rural, give location) 5552 W. Florissant 20			
3. NAME OF DECEASED (Type or Print) a. (First) Gertrude A. Groncek b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) Apr 15, 1950				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Aug 14, 1903	
9. AGE (In years last birthday) 46		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor		10b. KIND OF BUSINESS OR INDUSTRY Warner Drug Co.		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Lorenz Groncek			13b. MOTHER'S MAIDEN NAME Minnie Bellmann			14. NAME OF HUSBAND OR WIFE Single	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 490-03-1895		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mr. Lorenz Groncek 5552 W. Florissant		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis of abd. ANTECEDENT CAUSES Primary Ca of Rt Ovary - Paperny Gystern Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 10-2-49 7	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cachexia					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Generalized Ca of abd contents				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 175X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 10:15		21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK <input type="checkbox"/>		21. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from 10/2, 1949, to 4/15, 1950, that I last saw the deceased alive on 4/15, 1950, and that death occurred at 11:15 P. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. O. N. Ludeman M.D.				23b. ADDRESS 4126 E. Shrew An		23c. DATE SIGNED 4/17/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr 18 1950		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. APR 17 1950		REGISTRAR'S SIGNATURE J. B. Laster			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Bromschwig and Son W. Florissant		

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

2981-EG-174

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Elmo R. Padwell*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4077

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

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.