15314

FILED MAY 5 1950

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3064 Registrar's No. 1096

**1. PLACE OF DEATH**
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ferguson
c. LENGTH OF STAY (in this place): Unk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 275 So. Barat

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ferguson 4101
d. STREET ADDRESS (If rural, give location): 275 So. Barat 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Mary
b. (Middle): Lillian
c. (Last): Groves

**4. DATE OF DEATH** (Month) (Day) (Year): April 27, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Oct. 4, 1871
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rapids, Ky.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: Sterling B. Clack
13b. MOTHER'S MAIDEN NAME: Lavinia Settle
14. NAME OF HUSBAND OR WIFE: Alfred Groves

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Byron T. Cline, 275 So. Barat — 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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Fracture Left Hip

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 803
20. AUTOPSY? YES NO ☒

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Arkansas

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3-20-50 m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell on kitchen floor

22. *I hereby certify that I attended the deceased from* Jan, 1950, *to* 4/27, 1950, *that I last saw the deceased alive on* 4/26, 1950, *and that death occurred at* 6:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] M.D. (Degree or title)
23b. ADDRESS: 5899 Delmar
23c. DATE SIGNED: 4/28/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-27-50
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove
24d. LOCATION (City, town, or county) (State): Charleston, Mo.

DATE REC'D BY LOCAL REG.: 4-28-50
REGISTRAR'S SIGNATURE: Herbert R. Powke, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Albert H. Hoppe, 4700 Washington Blvd.

(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~~ Me

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Elton R. H. Remelius

Signed.....
Student Embalmer

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo

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

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