

FILED JUL 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25629

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1755

1. PLACE OF DEATH a. COUNTY St. Louis		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) Creve Coeur		c. CITY (If outside corporate limits, write RURAL and give township) Creve Coeur Rural	
c. LENGTH OF STAY (in this place) life		d. STREET ADDRESS (If rural, give location) Linbergh & Olive St. Roads	
d. FULL NAME OF HOSPITAL OR INSTITUTION Linbergh & Olive St. Road			

3. NAME OF DECEASED a. (First) George b. (Middle) Edward c. (Last) Grotzpete			4. DATE OF DEATH (Month) (Day) (Year) July 19, 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 20, 1884	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gardener		10b. KIND OF BUSINESS OR INDUSTRY General work	11. BIRTHPLACE (State or foreign country) Creve Coeur, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Herman Grotzpete		13b. MOTHER'S MAIDEN NAME Ottillia Werremeyer		14. NAME OF HUSBAND OR WIFE Laura M. Grotzpete	
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 Laura M. Grotzpete Clayton, Mo. R#2	
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) Chronic Myocarditis with myocardial degeneration.		3 years.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral hemorrhage		4 1/2 yrs
DUE TO (c) arterial hypertension		10 years.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		7 1/2 270

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 August 1945, to 7/19, 1950, that I last saw the deceased alive on 7/18, 1950, and that death occurred at 5:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE Robert H. Meador (Degree or title)		23b. ADDRESS 4501 Country Club Clayton, Mo.		23c. DATE SIGNED 7.21.50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-22-1950		24c. NAME OF CEMETERY OR CREMATORY St. Pauls Ev. Cemetery	
				24d. LOCATION (City, town, or county) (State) Olivette, Mo.	

DATE REC'D BY LOCAL REG. 7-21-50		REGISTRAR'S SIGNATURE Robert H. Meador		25. FUNERAL DIRECTOR'S SIGNATURE Wm. Woodson	
				ADDRESS 2504 Woodson Rd - Overland - 14 - Mo.	

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

Mr. Robert Meador

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 3454

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Cleveland 14, 7

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.