

FILED AUG 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27931

State File No.

6057
3258

142

BIRTH NO. _____		REG. DIST. NO. <u>312</u>		PRIMARY REG. DIST. NO. <u>3258</u>		Registrar's No. <u>142</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural-St. Chas. Twp.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-St. Charles Township</u>		0970	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R. #2</u>				d. STREET ADDRESS (If rural, give location) <u>R.R. #2</u>			
3. NAME OF DECEASED (Type or Print) <u>Herbert</u>			a. (First)	b. (Middle)	c. (Last) <u>Gronefeld</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 4, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 13, 1889</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>21</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (State or foreign country) <u>St. Charles County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Gronefeld</u>			13b. MOTHER'S MAIDEN NAME <u>Josephine Wallenbrock</u>		14. NAME OF HUSBAND OR WIFE <u>Olga Linnemann</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Olga Gronefeld</u> ADDRESS <u>St. Charles, Missouri</u>			
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, asphyxia, 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) <u>Coronary Thrombosis</u>					<u>Sudden</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u>					<u>?</u>
		DUE TO (c) <u>Generalized Arteriosclerosis</u>					<u>4201</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary Infarction</u>					<u>?</u>
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) _____		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 <u>July 10</u> , 19 <u>50</u> , to <u>Aug. 4</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Aug 3</u> , 19 <u>50</u> , and that death occurred at <u>6:30 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. M. Jenkins</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>St. Charles, Mo.</u>		23c. DATE SIGNED <u>8-6-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 7, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Friedens Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>R.R. 2 St. Charles, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-16-50</u>		REGISTRAR'S SIGNATURE <u>Hannie Hamilton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>284 Hackman-Dave, Inc.</u>		ADDRESS <u>St. Charles, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

AUG 19 1950

DISTRICT HEALTH OFFICE No. 4

File No. _____

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

Frederic N. Bane

Licensed Embalmer No.

4607

P. O. Address

St. Charles, 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.