

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **31676**
Registrar's No. **8122**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8122	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (In this place) 1 1/2 year		c. CITY (If outside corporate limits, write RURAL and give township) ST Louis		22 47	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3134 E California				d. STREET ADDRESS (If rural, give location) W 3134A California			
3. NAME OF DECEASED a. (First) Ernest		b. (Middle) F		c. (Last) Groh		4. DATE OF DEATH (Month) (Day) (Year) 9-29-50	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) 1		8. DATE OF BIRTH 10-2-1858	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WAGON MAKER	10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Altonburg Mo		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Carl Groh		13b. MOTHER'S MAIDEN NAME Sophia Bodenschatz		14. NAME OF HUSBAND OR WIFE Anna			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Anna Groh				ADDRESS 3134 E California
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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Virus Pneumonia - Senility					INTERVAL BETWEEN ONSET AND DEATH _____	
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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? 492X			
22. I hereby certify that I attended the deceased from January 1915 to Sept 26 , 19 50 , that I last saw the deceased alive on Sept 25 , 19 50 , and that death occurred at 2:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE R. Benyon (Degree or title) U				23b. ADDRESS 3203 So Grand		23c. DATE SIGNED 9-26-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-26-1950	24c. NAME OF CEMETERY OR CREMATORY Christ Lutheran Cem		24d. LOCATION (City, town, or county) (State) Granoham Illinois		
DATE REC'D BY LOCAL REG. SEP 26 1950		REGISTRAR'S SIGNATURE Shades		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc. ADDRESS 4104 Manchester Ave. St. Louis 10, Mo.			

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

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.