

FILED NOV 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35591

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 2635

1. PLACE OF DEATH a. COUNTY St. Louis		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 Richmond Heights		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 8 Days		d. STREET ADDRESS (If rural, give location) 8527 Robin Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Henry		b. (Middle) E.	
		c. (Last) Grothman	
4. DATE OF DEATH (Month) (Day) (Year) October 30, 1950.			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 1, 1871
9. AGE (In years last birthday) 79		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 MRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Stationery Engineer	
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Fred Grothman		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Minnie Grothman			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 492-16-3029	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Minnie Grothman 8527 Robin Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Infection			INTERVAL BETWEEN ONSET AND DEATH immediate
ANTECEDENT CAUSES Coronary thrombosis & mural thrombosis in right atrium			?
DUE TO (b) _____			?
DUE TO (c) _____			?
II. OTHER SIGNIFICANT CONDITIONS generalized arterio-sclerosis			4/201
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
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)	
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 10/21 , 19 50 , to 10/30 , 19 50 , that I last saw the deceased alive on _____, 19____, and that death occurred at 2:15 a m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Thomas W. Parker M.D.		23b. ADDRESS 4660 Maryland (8)	
		23c. DATE SIGNED 10/31/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-2-50.	24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.
DATE REC'D BY LOCAL REG. 10-31-50	REGISTRAR'S SIGNATURE H. Donike M.D./ml.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc. 2161 E. Fair Ave.	

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.....
Student Embalmer

Signed

Horner W. Jentz

Licensed Embalmer No. *3882*

P. O. Address *St. Louis, 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.