

FILED NOV 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38563**
9226
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		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 St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 4105 Blow Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4105 Blow Street.		d. STREET ADDRESS (If rural, give location) 4105 Blow Street	

3. NAME OF DECEASED (Type or Print) Arthur M. Grosse a. (First) Arthur b. (Middle) M. c. (Last) Grosse			4. DATE OF DEATH (Month) (Day) (Year) 10 28 50		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 27, 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) Warehouse		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME Charles Grosse		13b. MOTHER'S MAIDEN NAME Henritta Duessel		14. NAME OF HUSBAND OR WIFE Mamie Grosse	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mamie Grosse	
				ADDRESS 4105 Blow	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver			INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 1156 A		

22. I hereby certify that I attended the deceased from **April, 1950**, to **Oct, 1950**, that I last saw the deceased alive on **28 Oct, 1950**, and that death occurred at **5:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE M. G. Muller, M.D.		(Degree or title)		23b. ADDRESS 3804 Washington	
23c. DATE SIGNED 10-30-50					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 31, 50		24c. NAME OF CEMETERY OR CREMATORY St. Paul Churchyard	
				24d. LOCATION (City, town, or county) (State) Afton Mo.	

DATE REC'D BY LOCAL REG. OCT 30 1950		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home	
				ADDRESS 6322 S. Grand	

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

Deceased: Mrs. J. B. ...
2000 ...
1205 ...

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.

Signed *Archie J. ...* Student Embalmer No.

Signed.....
Student Embalmer

Licensed Embalmer No. *4548*

P. O. Address *6322 So. ...*

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.