

FILED FEB 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3224

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 3064	Registrar's No. 198
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY St. Louis		a. STATE Missouri		b. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Ferguson		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson 4109
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John & St. James Church		d. STREET ADDRESS (If rural, give location) 1855 Bella Claire Ave		
3. NAME OF DECEASED		4. DATE OF DEATH		
a. (First) Carl		b. (Middle) Groesch		c. (Last)
(Type or Print)		(Month) (Day) (Year)		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 2
8. DATE OF BIRTH Dec. 23, 1885		9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Springfield, Ill. 1
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME George Groesch		
13b. MOTHER'S MAIDEN NAME Unknown Fleck		14. NAME OF HUSBAND OR WIFE Deceased		
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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. E. V. Dyckman 3507 Shenadoah
18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. Myocarditis		3-8-49
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chr. nephritis - DUE TO (c) arteriosclerosis		1948
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none		1945
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none		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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? ✓
22. I, hereby certify that I attended the deceased from 3-8-1949, to 1-21-1951, that I last saw the deceased alive on 1-21-1951, and that death occurred at 9:20 a.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Roy Johnson		23b. ADDRESS 2325 E. Fair Ave		23c. DATE SIGNED 1/22/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/24/51		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) St. Louis, Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son 2161 E. Fair Av		
DATE REC'D BY LOCAL REG. 1/23/51		REGISTRAR'S SIGNATURE Herbert R. Donke		ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

4009

No. 300  
10.

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 *Homer W. Dritz*

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.