

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 15 1951

State File No. 18117  
3081

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>5800 Arsenal St.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri.</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis, Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis, Mo. 2139</b>	
c. LENGTH OF STAY in this place <b>5-31-51</b>		d. STREET ADDRESS (If rural, give location) <b>5800 Arsenal St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Infirmary</b>			
3. NAME OF DECEASED (Type or Print) <b>Nellie</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 31, 1951.</b>	
a. (First)		b. (Middle)	
c. (Last) <b>Groh</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Sept. 30, 1877</b>
9. AGE (In years) last birthday <b>73</b>		IF UNDER 1 YEAR Months <b>8</b>	IF UNDER 24 HRS. Days <b>1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>self</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			
13a. FATHER'S NAME <b>Edward F. Howard</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Farrell</b>	
14. NAME OF HUSBAND OR WIFE <b>George Groh</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <b>City Infirmary Records</b>		ADDRESS <b>5800 Arsenal St.</b>	

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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Parkinsonism</b>				ANTECEDENT CAUSES							
DUE TO (b) <b>Generalized arteriosclerosis</b>				Morbid conditions, if any, giving 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 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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>350X</b>							
22. I hereby certify that I attended the deceased from _____, 19____, to <b>May 31, 1951</b> , that I last saw the deceased alive on <b>May 31, 1951</b> , and that death occurred at <b>6:30p m.</b> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>Calvin Duane Bowler M.D.</b>				23b. ADDRESS				23c. DATE SIGNED <b>5-31-51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>6/2/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo</b>					
DATE REC'D BY LOCAL <b>JUN 2 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Pasater</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Jos. A. Howard</b>					
						ADDRESS <b>1619 So. Grand</b>					

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4699

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.