

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27288**
Registrar's No. **958**

FILED SEP 15 1952

BIRTH NO. _____ REG. DIST. NO. 12 PRIMARY REG. DIST. NO. 5134

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington | c. LENGTH OF STAY (In this place) 5 days | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, Mo. | d. STREET ADDRESS (If rural, give location) 704 Concord Street |
| d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. #3 | | | |

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|---|---------------------------------|--|---|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) Augusta b. (Middle) A c. (Last) Groux | | | 4. DATE OF DEATH (Month) (Day) (Year) Sept 6 1952 | | |
| 5. SEX Fem | 6. COLOR OR RACE Wht. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Oct. 24, 1888 | 9. AGE (In years) (last birthday) 63 | 10. IF UNDER 1 YEAR (Months) (Days) 1 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Germany | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME Frederick Kohnke | | 13b. MOTHER'S MAIDEN NAME Augusta | | 14. NAME OF HUSBAND OR WIFE William Groux | |
| 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. 491-09-6121 | | 17. INFORMANT'S SIGNATURE OR NAME William Groux | |
| | | | | ADDRESS St. Joseph, Mo | |

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| 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 complications which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus | | | INTERVAL BETWEEN ONSET AND DEATH 10 days 1 yr 4 yrs |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 3 | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |

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| 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 Aug 27, 1952, to 9/6, 1952, that I last saw the deceased alive on 9/6, 1952, and that death occurred at 15 P.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Name or title) J.M. Allaman | 23b. ADDRESS Phy & Surg Dept St Joseph | 23c. DATE SIGNED 9/8/52 |
|---|--|-----------------------------------|

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|--|----------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 9/9/52 | 24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery | 24d. LOCATION (City, town, or county) (State) St. Joseph Mo. |
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|--|--|-----|--|----------------------------------|
| DATE REC'D BY LOCAL REG. Sept 11, 1952 | REGISTRAR'S SIGNATURE Carl C. Custer | 446 | 25. FUNERAL DIRECTOR'S SIGNATURE Thomas Funeral Home | ADDRESS St. Joseph, Mo |
|--|--|-----|--|----------------------------------|

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

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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 Charles E. Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. 4677

P. O. Address St. Joseph 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.