

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37253

State File No. _____

FILED NOV 14 1952

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|---|--|--|---|---|--|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>500</u> | | Registrar's No. <u>2878</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Saint Louis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give townships) <u>Normandy</u> | | c. LENGTH OF STAY (in this place) <u>10 Year</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Normandy</u> | | <u>4181</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3045 Nordic Drive</u> | | | | d. STREET ADDRESS (If rural, give location) <u>3045 Nordic Drive,</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Louise</u> | | | b. (Middle) _____ | | | c. (Last) <u>Grube</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 6th, 1952</u> | | | | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>March 4th, 1878</u> | |
| 9. AGE (In years last birthday) <u>79</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 6 mos. Hours _____ Mins. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Germany</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Henry Rohling</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Late William Grube</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William Grube, 8637 Riverview Blvd (21)</u> | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart D.</u> | | | | | <u>1 yr</u> |
| | | DUE TO (c) <u>Arterioarteriosclerosis</u> | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> | | | | | <u>4200</u> |
| 19a. DATE OF OPERATION <u>None</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>None</u> | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u> | | 21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) <u>None</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u> | | 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 <u>10-25, 1952, to 11-6, 1952</u> , that I last saw the deceased alive on <u>11-6, 1952</u> , and that death occurred at <u>11:10 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>W. Staehle M.D.</u> | | | | 23b. ADDRESS <u>7124 Natural Bridge</u> | | 23c. DATE SIGNED <u>11-7-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>11/10/52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Zion Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>11-9-52</u> | | REGISTRAR'S SIGNATURE <u>Norbert R. Donker M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Calvin F. Feutz, 4828 Natural Bridge Blvd.</u> | | | |

520 (Approved Embellisher's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed John A. Miller

Licensed Embalmer No. 4186

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.