

FILED DEC 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **40941**BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **3018**

1. PLACE OF DEATH a. COUNTY St. Louis,			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE: Missouri. b. COUNTY St. Louis,		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton 5, Missouri.		c. LENGTH OF STAY (In this place) Years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton 5,		4442
d. FULL NAME OF HOSPITAL OR INSTITUTION # 4 Brentmoor Park.			d. STREET ADDRESS (If rural, give location) #4 Brentmoor Park.		
3. NAME OF DECEASED (Type or Print) a. (First) HENRY			b. (Middle) CHARLES	c. (Last) GROTE.	4. DATE (Month) (Day) (Year) OF DEATH Nov. 24, 1952
5. SEX Male	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.	8. DATE OF BIRTH oct 19, 1866.	9. AGE (In years last birthday) 86.	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired.. Edw Weston Tea & Spice Co.,	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri. U		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Henry C. Grote.		13b. MOTHER'S MAIDEN NAME Augusta Behrends.		14. NAME OF HUSBAND OR WIFE Ellen Hewitt Grote.	
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 ADDRESS Raymond H. Grote, Congress Hotel.		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart disease				INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Hypertension 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. 4200				
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)	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 November 19 50, to Nov 24, 1952, that I last saw the deceased alive on Nov 8, 1952, and that death occurred at 9 a.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Raymond H. Grote M.D.			23b. ADDRESS 3720 Washington		23c. DATE SIGNED Nov 24/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial.	24b. DATE 11/26/52.	24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery,	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.,		
DATE REC'D BY LOCAL REG. 11-24-52	REGISTRAR'S SIGNATURE Hubert R. Dando M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Belmar Blv		

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

Arnold W. Schoene

Licensed Embalmer No. *3864*

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.