

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8834

State File No.

FILED APR 6 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 395

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		d. STREET ADDRESS (If rural, give location) % State Hospital # 2	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Eugene c. (Last) Groux			4. DATE OF DEATH (Month) (Day) (Year) Mar. 28, 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH Jan. 31, 1877		9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attendant	
11. BIRTHPLACE (State or foreign country) St. Joseph, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		13. KIND OF BUSINESS OR INDUSTRY State Hosp. #2	

13a. FATHER'S NAME August Groux		13b. MOTHER'S MAIDEN NAME Cecelia Higgins		14. NAME OF HUSBAND OR WIFE None	
---	--	---	--	--	--

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. 489-36-4205		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Mary VanCleave St. Joseph	
--	--	---	--	---	--

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		INTERVAL BETWEEN ONSET AND DEATH Unknown first seen 9/24/52
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphoblastoma		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 2021		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 9/24, 1952 to 3/28, 1953, that I last saw the deceased alive on 3/28, 1953 and that death occurred at 9:00p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Miss Redmond, M.D.		23b. ADDRESS St Joseph, Mo		23c. DATE SIGNED 3/30/53	
---	--	--------------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE Apr. 1, 1953		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
---	--	----------------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. April 2, 1953		REGISTRAR'S SIGNATURE Lothar M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman W. Biedenfelder 1802 Union St	
--	--	---	--	---	--

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

0117
0

0117
0

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 Robert H. Gagle.....

Licensed Embalmer No. 3308.....

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.