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LED JUN 10 1953

# STANDARD CERTIFICATE OF DEATH

State File No. **18912**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **117**

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rolla Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural St. James twp 0870</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Phelps Co Memorial Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Clara</b>	b. (Middle) <b>Cecelia</b>	c. (Last) <b>Grotha</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>May 30 1953</b>

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH (Month) (Day) (Year)	9. AGE (In years last birthday) (Month) (Day)	10. IF UNDER 1 YEAR (Hours) (Mins.)
			<b>Nov 13, 1891</b>	<b>61 6 18</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>Housework</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri 0</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Joseph Sanders</b>	13b. MOTHER'S MAIDEN NAME <b>Catherine Buscher</b>	14. NAME OF HUSBAND OR WIFE <b>William Grotha</b>
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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. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lawrence Grotha</b>	ADDRESS <b>St. James, Mo.</b>
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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 complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocardial Infarction 5 days</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Myocarditis 2 years</b> DUE TO (c) <b>Diabetes Mellitus</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Septicemia</b>			

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>	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 **May 18, 1952**, to **May 30, 1953**, that I last saw the deceased alive on **May 30, 1953**, and that death occurred at **1:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>James M. P... M.D.</b>	23b. ADDRESS <b>St. James, Mo.</b>	23c. DATE SIGNED <b>6/1/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 3, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Catholic Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. James, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>June 2, 1953</b>	REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>	350- 25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Jesse Groth</b>	ADDRESS <b>St. James, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number \_\_\_\_\_  
Date Filed 6-8-23

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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 \_\_\_\_\_

*(me)*

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed *C. Jesse Gohr*

Licensed Embalmer No. 4486

P. O. Address St. James, T.

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.