

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **35534**

FILED NOV 2 - 1953

BIRTH NO. _____		REG. DIST. NO. <b>116</b>		PRIMARY REG. DIST. NO. <b>3020</b>		Registrar's No. <b>185</b>			
1. PLACE OF DEATH a. COUNTY <b>Franklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b>				b. COUNTY <b>Warren</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Washington</b>		c. LENGTH OF STAY (in this place) <b>24 hrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marthasville</b>		d. STREET ADDRESS (If rural, give location) <b>None</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>				3. NAME OF DECEASED a. (First) <b>Louie</b>				b. (Middle) <b>August</b>	
				c. (Last) <b>Groeper</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>October 25, 1953</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>March 26, 1870</b>			
						9. AGE (In years) (Last birthday) <b>83</b>			
						10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			
		10b. KIND OF BUSINESS OR INDUSTRY <b>Grain Farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Warren County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			
13a. FATHER'S NAME <b>John Groeper</b>			13b. MOTHER'S MAIDEN NAME <b>Louise Waffle</b>			14. NAME OF HUSBAND OR WIFE <b>Emma Groeper</b>			
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 ADDRESS <b>Leslie Groeper, Marthasville, Mo.</b>			
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) <b>Chr. myo carditis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>General arterio sclerosis</b>					<b>10 yrs</b>		
		DUE TO (c) <b>Partial intestinal obstruction</b>					<b>2 weeks</b>		
		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 <b>4221</b>					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 <b>Aug 10, 1953</b> , to <b>Oct 25, 1953</b> , that I last saw the deceased alive on <b>Oct 25, 1953</b> and that death occurred at <b>10 P. M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Mrs. Emma Groeper</b>				23b. ADDRESS <b>Marthasville Mo</b>		23c. DATE SIGNED <b>10-27-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10/29/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Paul's Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Marthasville, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>10/29/53</b>		REGISTRAR'S SIGNATURE <b>J.P. Seidmann</b>		FUNERAL DIRECTOR'S SIGNATURE <b>N.P. Lichtenberg</b>		ADDRESS <b>Marthasville, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 26 1954

AUG 9 1955

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 Delmont F. Ziptenber

Licensed Embalmer No. 4318

P. O. Address Marthasville, 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.