S. No. 300
V. 10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40528
Registrar's No. 10424

NOV 19 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4946 Robert Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: 2029
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ 0
e. STREET ADDRESS (If rural, give location): 2 4946 Robert Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): SARAH
b. (Middle):
c. (Last): GROTHER

4. DATE OF DEATH (Month) (Day) (Year): Nov. 1 1953

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0

8. DATE OF BIRTH: Dec. 1, 1876

9. AGE (In years last birthday): 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY: –

11. BIRTHPLACE (City and State or Foreign Country): Altenburg, Mo. 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Grother

13b. MOTHER'S MAIDEN NAME: Emelia Palisch

14. NAME OF HUSBAND OR WIFE: Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): – (If yes, give war or dates of service): –

16. SOCIAL SECURITY NO.: –

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Esther Buholzer, 4946 Robert Ave.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion w Infarct — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): General Arterio-Sclerosis — 4 years

DUE TO (c): Myocardial Degeneration — 2 years

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: None.

20. AUTOPSY? YES ☐ NO ☑

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) m.: –

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: –

4201

22. *I hereby certify that I attended the deceased from* January 5, 1948, *to* Nov. 1, 1953, *that I last saw the deceased alive on* Nov. 1, 1953 *and that death occurred at* 5:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Julius Chas. Rotter M.D.

23b. ADDRESS: 2603 Sheridan Av.

23c. DATE SIGNED: 11-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 11-4-53

24c. NAME OF CEMETERY OR CREMATORY: Immanuel Lutheran Cem.

24d. LOCATION (City, town, or county) (State): Altenburg, Mo.

DATE REC'D BY LOCAL REG.: NOV 3 1953

REGISTRAR'S SIGNATURE: J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Beiderwieden F.H. Inc., 1936 St. Louis Ave.

MBS (Licensed Embalmer's Statement on Reverse Side)

Phone - PR 3636
Hours - 3:30 to 5

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4 5 2

P. O. Address St. Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.