

FILED DEC 21 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44757**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **572** Registrar's No. **3181**

4000 4

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give name of nearest city or town) <b>St. Louis</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
c. LENGTH OF STAY (In this place) <b>4 MONTHS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>SPANISH LAKE CLEARVIEW NURSING HOME</b>		e. STREET ADDRESS (If rural, give location) <b>3219 CHEROKEE</b>	

3. NAME OF DECEASED (Type or Print) <b>MARGARET A. GROSPÖELER</b>			4. DATE OF DEATH <b>DEC. 10, 1953</b>
a. (First)	b. (Middle)	c. (Last)	(Month) (Day) (Year) DEC. 10. 1953

5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>	8. DATE OF BIRTH <b>DEC. 30 1873</b>	9. AGE (In years last birthday) <b>69</b>	10. MONTHS <b>69</b>	11. YEARS <b>69</b>	12. IF UNDER 1 YEAR Hours <b>69</b>	13. IF UNDER 1 MIN. Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>WIDOW</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ILLINOIS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>HENRY SCHULTHEIS</b>	13b. MOTHER'S MAIDEN NAME <b>ELIZABETH BALLMEIER</b>	14. NAME OF HUSBAND OR WIFE <b>HERMAN GROSPÖELER (Dec'd)</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO.</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>THRESA REED</b>	18. ADDRESS <b>3219 CHEROKEE</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral arterio-sclerosis</b> 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.		INTERVAL BETWEEN ONSET AND DEATH <b>Sept. 63 - Dec. 10, 53</b>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>334 X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept 25, 1953**, to **Dec. 10, 1953**, that I last saw the deceased alive on **Dec. 10, 1953**, and that death occurred at **12<sup>00</sup> p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dorothy M. Ellersieck M.D.</b>	23b. ADDRESS <b>11858 Bellefontaine Rd.</b>	23c. DATE SIGNED <b>12-12-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>DEC. 14 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO.</b>
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DATE REC'D BY LOCAL REG. <b>12/13/53</b>	REGISTRAR'S SIGNATURE <b>Walter R. Tomkins</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Rutis</b>	ADDRESS <b>2906 Prairie</b>
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11887  
for [unclear]

EX 12 11 1921

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 .....  
Signature of Student Embalmer

Signed *Wm E Dill*

Licensed Embalmer No. *434*  
P. O. Address *2906 [unclear]*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.