

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **45327**
 Registrar's No. **12393**

FILED JAN 19 1954

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 45327		Registrar's No. 12393		
1. PLACE OF DEATH a. COUNTY /				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN St. Louis, Mo.			c. LENGTH OF STAY (in this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2149			d. STREET ADDRESS (If rural, give location) 14 3508 Watson Rd. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3508 Watson Rd.				3. NAME OF DECEASED (Type or Print) a. (First) Regina (Gene) b. (Middle) Grothaus c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) Dec. 29, 1953				
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Dec. 16, 1896		9. AGE (In years last birthday) 57 # UNDER 1 YEAR Months _____ # UNDER 1 WEEK Days _____ Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Time Keeper Mo Pac.				10b. KIND OF BUSINESS OR INDUSTRY R.R.		11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? 0		
13a. FATHER'S NAME Henry Grothaus			13b. MOTHER'S MAIDEN NAME Anna Noelker			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 date of service) no no			16. SOCIAL SECURITY NO. 702-14-6372		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary A. Grothaus 3508 Watson Rd.					
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) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None 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 2 hrs.		
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 420!					
22. I hereby certify that I attended the deceased from Dec 24, 1953 , to Dec 29, 1953 , that I last saw the deceased alive on Dec 29, 1953 , and that death occurred at 8:30P m. , from the causes and on the date stated above.										
23a. SIGNATURE John G. Matthew M.D. (Print name and title)				23b. ADDRESS 3707 Watson Rd.			23c. DATE SIGNED 12-31-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-2-53		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.		24d. LOCATION (City, town, or county): (State) St. Louis County, Mo.				
DATE REC'D BY LOCAL REG. JAN 2 1954		REGISTRAR'S SIGNATURE J. Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SOUTHERN FUNERAL HOME 6922 S. GRAND BLVD. ST. LOUIS 14, MO.					

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

Dr. J. G. Matthews

3707 Watson Rd.

St. 3886

Fl. 9548

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 David W. Fossan

Licensed Embalmer No. 44242

P. O. Address St. Louis 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.