

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10070

State File No.

Registrar's No. 2509

FILED MAR 30 1954

REG. DIST. NO. 318 PRIMARY REG. DIST. NO.

1003

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 township) St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3509 Wyoming		STREET ADDRESS (If rural, give location) 3509 Wyoming	
3. NAME OF DECEASED a. (First) Margaret (Type or Print)		b. (Middle) H. c. (Last) Grothe	
4. DATE OF DEATH (Month) (Day) (Year) 3-18 1954		5. SEX Female / 6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3-10-1902	
9. AGE (In years last birthday) 52		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Wm J Reuter		13b. MOTHER'S MAIDEN NAME Elizabeth Geers	
14. NAME OF HUSBAND OR WIFE Francis B Grothe		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Francis B Grothe 3509 Wyoming	
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) <i>Gravimic Poisoning</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Glomerular Nephritis</i> DUE TO (c) <i>Malignant Hypertension</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Ch. Cholecystitis</i>	
INTERVAL BETWEEN ONSET AND DEATH <i>4 day</i> <i>3 yrs.</i> <i>2 yrs.</i> <i>3 yrs.</i>		19a. DATE OF OPERATION <i>None</i>	
19b. MAJOR FINDINGS OF OPERATION <i>None</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>None</i>		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) <i>None</i>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>59'3K</i>	
22. I hereby certify that I attended the deceased from <i>Jan 10, 1951</i> to <i>Mar. 16, 1954</i> , that I last saw the deceased alive on <i>Mar. 16, 1954</i> , and that death occurred at <i>12:35 pm</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Dr. Jacobson</i>		23b. ADDRESS <i>2767 Lovers Rd</i>	
23c. DATE SIGNED <i>3-18-54</i>		24a. BURIAL, CREMATION, REMOVAL	
24b. DATE <i>3-19-1954</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Resurrection Cem</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis, MO</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>WINGBERMUEHLE 3819 So Grand Blvd</i>	
DATE REC'D BY LOCAL REG. <i>MAR 18 1954</i>		REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>	

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

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 *George J. Kobermehl*
Licensed Embalmer No. 46
P. O. Address *St. Louis*

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.