No. 300
10-48

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18490

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 102

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

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington
c. LENGTH OF STAY (in this place): 14 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Warren
c. CITY OR TOWN: Marthasville
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): None 1090

3. NAME OF DECEASED (Type or Print)
a. (First): Emma
b. (Middle): Catherine
c. (Last): Groeper

4. DATE OF DEATH (Month) (Day) (Year): June 26, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 18, 1879
9. AGE (In years last birthday): 74 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and State or Foreign Country): Wright City, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: William Strack
13b. MOTHER'S MAIDEN NAME: Margaret Middlekamp
14. NAME OF HUSBAND OR WIFE: Louis Groeper

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: Ardel Groeper, Marthasville, Mo.

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	myocardial infarction	6 weeks
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	myocarditis	10 yrs
DUE TO (c)	arteriosclerosis	15 yrs
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Fracture of Right Hip Mar 19, 1954 4201 F	4 mos

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Warrenton Warren Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Mar 19 1954 3 A.M.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Fell to floor

22. *I hereby certify that I attended the deceased from* Apr 10, 1940, *to* June 26, 1954, *that I last saw the deceased alive on* June 25, 1954, *and that death occurred at* 2:15 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Marthasville Mo
23c. DATE SIGNED: 6-28-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/29/54
24c. NAME OF CEMETERY OR CREMATORY: St. Pauls Cemetery
24d. LOCATION (City, town, or county) (State): Marthasville, Mo.

DATE REC'D BY LOCAL REG.: June 29, 1954
REGISTRAR'S SIGNATURE: [signature] 99-0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: [signature] Marthasville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

AUG 9 1955

AUG 17 1954

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 Delmont E. Lightner

Licensed Embalmer No. 4318

P. O. Address Marthasville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.