No. 300
10.48

FILED NOV 15 1955

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 34793

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9439

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

**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): Homer G. Phillips Hospt.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY

c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐

e. STREET ADDRESS (If rural, give location): 4547 Lexington 21040

**3. NAME OF DECEASED** (Type or Print)
a. (First): Wm.
b. (Middle): J.
c. (Last): Groneck

**4. DATE OF DEATH** (Month) 10 (Day) 28 (Year) 55

**5. SEX**: M
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Divorced
**8. DATE OF BIRTH**: 11/21/11
**9. AGE** (In years last birthday): 44 — 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): Office Clerk
**10b. KIND OF BUSINESS OR INDUSTRY**: Krey Packing Co.
**11. BIRTHPLACE** (City and State or Foreign Country): St. Louis
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: John H. Groneck
**13b. MOTHER'S MAIDEN NAME**: Agatha Lodenkemper
**14. NAME OF HUSBAND OR WIFE**:

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. 1
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Anna May Groneck 4242 Red Bud

**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) Lobar Pneumonia; Splenectomy following injuries suffered in collision between car operated by one Damon Delp and car operated by one Shirley Charpiot, at intersection of Grand and Easton Aves., at 5:45 am., Oct 22 1955.

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.

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: Criminal Carelessness on the part of Damon Delp.
**20. AUTOPSY?** YES ☑ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Criminal Carelessness
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
**21c. (CITY, TOWN OR TOWNSHIP)** (COUNTY) (STATE): St Louis Mo

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): Oct 22 55 5:45 A
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: E 816.4

22. *I hereby certify that I attended the deceased from _____, 19__, to 26 _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 428A m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): James M. Kelly Dep. Coroner
**23b. ADDRESS**: 1300 Clark
**23c. DATE SIGNED**: 10-29-55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 10/31/55
**24c. NAME OF CEMETERY OR CREMATORY**: Calvary Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis Mo.

**DATE REC'D BY LOCAL REG.**: OCT 29 1955
**REGISTRAR'S SIGNATURE**: J Earl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: Robert D. Kinealy 2228 St. Louis Ave.

acm

(Licensed Embalmer's Statement on Reverse Side)

JAN 4 1956

## STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ben E. Hoffman

Licensed Embalmer No. 436

P. O. Address St. Louis

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