

FILED NOV 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39216

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2638

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICHMOND HEIGHTS		c. CITY OR TOWN RICHMOND HEIGHTS	
c. LENGTH OF STAY (in this place) 19 YEARS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7541 WARNER AVE		e. STREET ADDRESS (If rural, give location) 7541 WARNER AVE	

3. NAME OF DECEASED (Type or Print) a. (First) THEODORE b. (Middle) S c. (Last) GROWE			4. DATE OF DEATH (Month) (Day) (Year) NOV 8 1955		
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5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JUNE 26, 1902		9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GROWE HAMMACK R.E.CO		10b. KIND OF BUSINESS OR INDUSTRY REALTORS		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME THEODORE GROWE		13b. MOTHER'S MAIDEN NAME THERESA AUSTERMAN		14. NAME OF HUSBAND OR WIFE ELLEN GROWE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 494-05-0485		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ELLEN GROWE 7541 WARNER AVE	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cor. Inac Failure				INTERVAL BETWEEN ONSET AND DEATH Immediate	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Recent Myocardial Infarction				one week	
		DUE TO (c) Arterio-sclerotic Heart Dis				none	
		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 4200				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)	
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?	

22. I hereby certify that I attended the deceased from **JAN 1955**, to **Nov 1955**, that I last saw the deceased alive on **11-6-55**, and that death occurred at **8:30 AM** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John B. Meyer M.D.		23b. ADDRESS 3703 Olive St		23c. DATE SIGNED 10-10-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov. 11-1955		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI	
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DATE REC'D BY LOCAL REG. 11-10-55		REGISTRAR'S SIGNATURE Herbert P. Lombard		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STOCK MORTUARY 8895 BRENTWOOD	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

CLAYTON 5

John Boyd Wilkin
3003
06 2-2880

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: *G. W. Wilkin*

Licensed Embalmer No...357

P. O. Address *M. L.*

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.