

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6552

State File No. ....

1352

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>En Route to City Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>4011 Wilmington Ave</b> <b>2090</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>JEROME</b>		b. (Middle) <b>CHARLES</b>		c. (Last) <b>GROH</b>	
4. DATE OF DEATH		(Month) (Day) (Year)		<b>2-6-1956</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>11-6-1895</b>	
9. AGE (In years last birthday)		If UNDER 1 YEAR Months Days		If UNDER 24 HRS. Hours Min.		<b>60</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chauffeur</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Falstaff Brewery</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Martin Groh</b>		13b. MOTHER'S MAIDEN NAME <b>Amelia Grosse</b>		14. NAME OF HUSBAND OR WIFE <b>Helen Groh</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>489-09-7161</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Helen Groh</b>		ADDRESS <b>4011 Wilmington Ave</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Subdural Hemorrhage</b> <b>Fracture of skull, suffered when struck by car operated by one James Mansour at intersection of Grand and Forest Park Blvd., about 647 pm., July 6, 1956.</b> 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 and not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, OR HOMICIDE <b>Accident</b>		21b. PLACE OF INJURY (e.g.: in or about home, farm, factory, street, office, etc.) <b>Street</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo</b>			
21d. TIME OF INJURY <b>July 6 56 6<sup>47</sup> pm.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>run E 812.4 25</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>7:56</b> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <b>James M. Kelly Deputy</b>				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>2-8-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>2-10-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>McKenzie Rd. and Hi 66 Mo</b>	
DATE REC'D BY LOCAL REG. <b>FEB 8 1956</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mo Ziegauheiner 6409 Gravois Ave</b>			

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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 *Van M. Simon*.....

Licensed Embalmer No. *43*.....

P. O. Address *St. Louis*.....

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