

FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6236

1003 STATE FILE NUMBER
Registration District No. 318 Primary Registration District No. 1016 Registrar's No. 1016

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital 1		d. STREET ADDRESS 5251 Cabanne Ave. (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last AGNES M. GROFF		4. DATE OF DEATH Month Day Year 1-30-57	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-5-1865
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) Jefferson Co., Mo.
13. FATHER'S NAME unknown		14. MOTHER'S MAIDEN NAME Agnes Mary Billon	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address W. J. Clover, 5251 Cabanne ave.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Fracture of Right Hip;</i> <i>Generalized Arterio Sclerosis</i> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Suffered in fall November</i>	
20c. TIME OF INJURY Hour Month, Day, Year <i>11 17 17th 1956 at Home E9040</i>		20d. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	
20e. CITY, TOWN, OR LOCATION <i>St Louis Mo</i>		20f. COUNTY STATE <i>Mo</i>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <i>7:35 A. m</i> on the day stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Joseph M. Queen</i> (Degree or title) <i>MD</i>		22b. ADDRESS <i>1300 Clark</i>	
22c. DATE SIGNED <i>1/31/57</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>	23b. DATE <i>1-31-57</i>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) <i>House Springs, Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>Jno. Brimmer, House Springs, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>JAN 31 '57</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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death, welfare, public service, diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 *W E Morris*

Licensed Embalmer No. *33*

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.