FILED FEB 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6237
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1388

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St.Lukes Hospital — Length of stay in 1b: 5 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: Wayne
c. CITY OR TOWN: Cisne — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Mary Middle E. Last Grove
4. DATE OF DEATH: Month Feb Day 10 Year 1957
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Aug 18, 1889
9. AGE (In years last birthday): 67 — 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:
11. BIRTHPLACE (City and state or country): Wayne County, Illinois
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: Albert Trotter
14. MOTHER'S MAIDEN NAME: Miranda Marvel
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Carl Grove Address: Cisne, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Thrombophlebitis with pulmonary emboli — 1 month
DUE TO (c) and Shock
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 464X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 5 Feb to 10 Feb '57 and last saw her/him alive on 10 Feb
Death occurred at 1 A m m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: W. Olcian D. Seng M.D. (Degree or title)
22b. ADDRESS: 100 N Euclid St Louis
22c. DATE SIGNED: 2/11/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 2-11-57
23c. NAME OF CEMETERY OR CREMATORY: Bestow Cemetery
23d. LOCATION (City, town, or county) (State): Cisne, Illinois
24. FUNERAL DIRECTOR: Albert H. Hoppe ADDRESS: Cisne, Illinois
25. DATE RECD. BY LOCAL REG.: FEB 11 '57
26. REGISTRAR'S SIGNATURE: Karl Smith MD MPB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 en

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Stanley H. Dixo

Licensed Embalmer No. 41

P. O. Address St. L

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.