FILED APR 15 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 11531

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 854

Health, Welfare Public Service

300 1456 0

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys 0 — Length of stay in Hospital 4 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Alabama b. COUNTY Etowah
c. CITY OR TOWN Alabama City 8010 8 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2313 C. White Av — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Troy Middle Last Groover

4. DATE OF DEATH Month Mar Day 30 Year 1957

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH May 28. 1933

9. AGE (In years last birthday) 23 — 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) Contractor

10b. KIND OF BUSINESS OR INDUSTRY Building

11. BIRTHPLACE (City and state or country) Etowah County Ala 1

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME J.B. Groover

14. MOTHER'S MAIDEN NAME Leatha Brooks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) Korean

16. SOCIAL SECURITY NO. 259-42-4706

17. INFORMANT Kathryn Groover — Address Alabama City Alabama

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Ruptured Aneurysm

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 330 X F

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐ 1

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Auto injury 8 mos ago

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 3-28-57, to 3-30-57 and last saw her/him alive on
Death occurred at in on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE Frank R. Palazzolo (Degree or title) 22b. ADDRESS 4161 Lindell Blvd 22c. DATE SIGNED 3-30-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 3-30-57

23c. NAME OF CEMETERY OR CREMATORY Local

23d. LOCATION (City, town, or county) (State) Jaisden Ala

24. FUNERAL DIRECTOR Albert H. Hoppe — ADDRESS 4700 Washington

25. DATE RECD. BY LOCAL REG. 3/30/57

26. REGISTRAR'S SIGNATURE Herbert B. Domke MD

(Licensed Embalmer's Statement on Reverse Side)

securing the medical certification in the space provided. Coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Elton S. H. Remel

Licensed Embalmer No. 428

P. O. Address St. Lou

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