

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14745**
Registrar's No. **4233**

FILED MAY 10 1957

BIRTH NO. 33692-57 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <u>X</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>X</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Booth Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2470 2128a Stansberry</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mark</u> b. (Middle) <u>Edward</u> c. (Last) <u>Gronke</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> <u>3</u> <u>57</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>5-1-57</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>1</u> IF UNDER 1 YEAR <u>4</u> IF UNDER 1 HRS. <u>11</u>
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>	

13a. FATHER'S NAME <u>Edward Joseph Gronke</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Lorretta Bradley</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Edward Joseph Gronke</u>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		17. ADDRESS <u>761.5</u>

18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory arrest</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		
ANTECEDENT CAUSES		DUE TO (b) <u>Immaturity</u>		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Arteriosclerotic rupture of membrane</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>1</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 5-2-1957 to 5-3-1957, that I last saw the deceased alive on 5-2-1957, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>George Paul M.D.</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>457 N. Kingshighway</u>	23c. DATE SIGNED <u>5-3-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>MAY 4 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>
DATE REC'D BY LOCAL REG. <u>MAY 3 '57</u>	REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kuter 2906 Gravois</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Signed.....
Student/Embalmer

Not Embalmed

Signed.....
Student Embalmer No.....
James E. Will

Licensed Embalmer No. *4347*

P. O. Address *2906 Davis*

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 this body is not embalmed, fact should be so stated above.