

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29506
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7331**

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		Length of stay in lb 8 years	d. STREET ADDRESS (If outside, give location) 1570 4038-A South Spring Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Paul Middle Last Grootman		4. DATE OF DEATH Month August Day 5 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 27, 1877
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Orthopedic Technician	11. BIRTHPLACE (City and state or country) Prussia, Germany
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Orthopedic Technician		10b. KIND OF BUSINESS OR INDUSTRY Civil Service	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Louis Grootman		13b. MOTHER'S MAIDEN NAME Pauline Zinow	14. NAME OF HUSBAND OR WIFE Pauline Pebler Grootman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Pauline Grootman, 4038a So. Spring
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Rupture. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Acute Myocardial Infarction DUE TO (c) 420.1 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 8 hours 8 hours
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 3/19/55 to 8/5/57 and last saw her alive on 8/5/57 Death occurred at 11:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Fride Mortensen M.D.		22b. ADDRESS 3701 Grandel Square	22c. DATE SIGNED 8/6/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Aug. 8, 1957.	23c. NAME OF CEMETERY OR CREMATORY The Evergreen Cemetery	23d. LOCATION (City, town, or county) (State) Brooklyn N. Y.
24. FUNERAL DIRECTOR ADDRESS BEIDERWIEDEN F.H., INC., 1936 St. Louis Av.		25. DATE RECD. BY LOCAL REG. AUG 6 57	26. REGISTRAR'S SIGNATURE Carl Smith MD M.D.B.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

2011

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 David Keall

Licensed Embalmer No. 752
P. O. Address Free

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.