

Health Officer's Office by Dr. J. Jabczynski
 300
 1-5
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
 All diseases in Part I must be causally related.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 CLEARED THRU THE CORONERS OFFICE BY DR. J. JABCYNSKI

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007285
 STATE FILE NUMBER

KC-16206739 SL 808
 FILED FEB 28 1958

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1433**

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	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL		Length of stay in lb 9 HOURS		d. STREET ADDRESS (If outside, give location) 5609 MIMIKA	
3. NAME OF DECEASED (Type or print) First JOHN Middle B Last GROTEWIEL			4. DATE OF DEATH Month 2 Day 5 Year 58		
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 1-4-93	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SUPERINTENDANT OF STREETS		10b. KIND OF BUSINESS OR INDUSTRY St. L. Street		11. BIRTHPLACE (City and state or country) RHINELAND, MO	
13a. FATHER'S NAME WILLIAM GROTEWIEL		13b. MOTHER'S M maiden NAME JOHANNA STRUTTMANN		14. NAME OF HUSBAND OR WIFE HILDA GROTEWIEL	
15. WAS DECEASED EVER IN U. S. ARMY FORCES? (Yes or no) YES (If yes, give year or dates of service) WW-I		16. SOCIAL SECURITY NO. 494-10-2074		17. Mrs. Hilda Groteviel, 5609 Mimika, A ve VAH RECORDS 915 N. GRAND ST. LOUIS, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DISSECTING ANEURYSM OF AORTA, UNKNOWN CAUSE					INTERVAL BETWEEN ONSET AND DEATH 1 DAY
Condition, if any, which gave rise to 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)					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			451X		
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> NONE <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 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 2-5-58 , to 2-5-58 and last saw him alive on 2-5-58 Death occurred at 6:15 PM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) H. Westphal			22b. ADDRESS VAH ST. LOUIS, MISSOURI		22c. DATE SIGNED 2-6-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Feb 10, 1958		23c. NAME OF CEMETERY OR CREMATORY Warrenton City Cemetery	
23d. LOCATION (City, town, or county) Warrenton Missouri		23e. (State)			
24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, Inc., 2161 E. Fair			25. DATE RECD. BY LOCAL REG. FEB 7 '58		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. M. J. B.

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 *Harold G. Burnley*
Licensed Embalmer No. *4702*
P. O. Address *St. Louis*

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.