Health, Welfare Public Service

0940 2

300 1-56

Doctor, 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

FILED MAR 26 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-011252
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 115

1. PLACE OF DEATH a. COUNTY St. Francois	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Twp. Inside Limits Yes ☐ No ☒	c. CITY OR TOWN St. Charles 0923 Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) State Hospital #4 Length of stay in 1b 40y, 10m, 3d	d. STREET ADDRESS Unknown (If outside, give location) ~~State Hospital~~ Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: Lucy	Middle: C.	Last: Groos	4. DATE OF DEATH	Month: March Day: 7 Year: 1958
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐	8. DATE OF BIRTH: May 20, 1876	9. AGE (In years last birthday): 82	IF UNDER 1 YEAR: Months 9 Days 17 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none	10b. KIND OF BUSINESS OR INDUSTRY: none	11. BIRTHPLACE (City and state or country): Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: L. Simmons		14. MOTHER'S MAIDEN NAME: Laura Hollingsworth			
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 Address: Queen Miller, St. Charles, Mo.		

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) Lobar pneumonia - - - - - - - - - - - - - - - - INTERVAL BETWEEN ONSET AND DEATH 2 das.

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

DUE TO (c) _____ 490X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Chronic undifferentiated Schizophrenia - - - - - - - -Abt. 40 yrs.

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 March 5, 1958, to March 7, 1958 and last saw her alive on March 7, 1958. Death occurred at 3:25 P. M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John A. Brennan, M.D. 0

22b. ADDRESS State Hospital No. 4 Farmington, Missouri

22c. DATE SIGNED 3-15-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: March 10, 1958	23c. NAME OF CEMETERY OR CREMATORY: Borromeo Cemetery	23d. LOCATION (City, town, or county) (State): Saint Charles, Mo.
24. FUNERAL DIRECTOR ADDRESS: H.C. Dallmeyer & Sons, St. Charles, Mo.		25. DATE RECD. BY LOCAL REG.: 3-15-58	26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 48

P. O. Address

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..