

FILED MAY 19 1958

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1311

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|  |                              |   |  |   |   |
|--|------------------------------|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>  |                              |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kirkwood</b>   |                              | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Overland 424X</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Joseph's Hosp.</b>   |                              | Length of stay in 1b<br><b>1 hr.</b>  | d. STREET ADDRESS (If outside, give location)<br><b>9626 Theodosia</b>   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Steven</b> Middle <b>A.</b> Last <b>Grupe</b>  |                              |   | 4. DATE OF DEATH<br>Month <b>May</b> Day <b>14</b> Year <b>1958</b>  |   |   |
| 5. SEX<br><b>M</b>   | 6. COLOR OR RACE<br><b>W</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>May 14, 1958</b>  | 9. AGE (In years last birthday) IF UNDER 1 YEAR<br>Months Days Hours Min.<br><b>1</b> |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Nil</b>  |                              | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Nil</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Kirkwood, Mo.</b>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |
| 13a. FATHER'S NAME<br><b>Warren Grupe</b>  |                              | 13b. MOTHER'S MAIDEN NAME<br><b>Thelma Hensley</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Nil</b>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |                              | 16. SOCIAL SECURITY NO.<br><b>No</b>  | 17. INFORMANT Address<br><b>Warren Grupe 9626 Theodosia</b>  |   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Prematurity.</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <b>Low lying placental implantation</b><br>DUE TO (c) <b>embryonic.</b> |                              |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 hr.</b>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>7615</b>   |                              |   |  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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<br>Hour Month, Day, Year<br>a.m. p.m.  |                              |   |  |   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <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 Death occurred at <b>5-14-58 4:00</b> to <b>5-14-58</b> and last saw her/him alive on <b>5-14-58</b><br>An on the date stated above; and to the best of my knowledge, from the causes stated.   |                              |   |  |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>J. H. Barnett, M.D.</b>   |                              | 22b. ADDRESS<br><b>1041 1/2 Hawthorn St. St. Louis, Mo.</b>   |  | 22c. DATE SIGNED<br><b>5-14-58</b>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |                              | 23b. DATE<br><b>May 15, 1958</b>  |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>LOCAL</b>                                    |   |
| 23d. LOCATION (City, town, or county)<br><b>MtVernon, Ill.</b>   |                              |   | 23e. (State)   |   |   |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Hoffmeister Colonial Mortuary<br/>6464 Chippewa St., St. Louis, Mo.</b>   |                              |   | 25. DATE RECD. BY LOCAL REG.<br><b>5-14-58</b>   |   | 26. REGISTRAR'S SIGNATURE<br><b>Herbert R. Donke M.D.</b><br><i>on</i>                            |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Not Embalmed*  
*Bill C. Branson*

Licensed Embalmer No. *4764*  
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.