Health, & Welfare Public Service

S. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-023340
STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6631

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN St. Louis, — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION 02 Alexian Bros. — Length of stay in Hospital 2 weeks 7 days	d. STREET ADDRESS 3005 Minnesota (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First HENRY Middle A. Last GROTE

4. DATE OF DEATH: Month 6 Day 30 Year 1958

5. SEX: Male 6. COLOR OR RACE: White 7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 6-28-1892 9. AGE (In years last birthday): 66 IF UNDER 1 YEAR: Months — Days 2 IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life): Lumber Clerk 10b. KIND OF BUSINESS OR INDUSTRY: Lumber Yard 11. BIRTHPLACE (City and state or country): St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: Henry Grote 13b. MOTHER'S MAIDEN NAME: Helen Wessel 14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or Unknown): Yes (If yes, give war or dates of service): WW I 16. SOCIAL SECURITY NO.: 498-01-5189 17. INFORMANT: Frances Grote Address: 3005 Minnesota

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) Acute atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 5 hours

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

DUE TO (b) Aspiration of vomitus

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 9219

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): 46

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 15 June 1958, to 30 June 1958 and last saw him alive on 30 June 1958. Death occurred at 2:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Robert L. Nye, M.D. (Degree or title) — 22b. ADDRESS: 3201 Arsenal St. St. Louis Mo. — 22c. DATE SIGNED: 3 June 1958

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: 7-3-1958 — 23c. NAME OF CEMETERY OR CREMATORY: S.S. Peter & Paul Cem. — 23d. LOCATION (City, town, or county) (State): St. Louis, Mo.

24. FUNERAL DIRECTOR: Ringbermuehle — ADDRESS: 3819 So. Grand Blvd. — 25. DATE RECD. BY LOCAL REG.: JUL 2 '58 — 26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

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

Unable to reach Mr. Grote Twin - Always Chest did not have infect

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 .....

Licensed Embalmer No. 4611

P. O. Address .....