

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045729

STATE FILE NUMBER

12764

FILED JAN 14 1959

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

300

1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Mo.		c. CITY OR TOWN Ladue 4421	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 14 Jewish Hosp.		d. STREET ADDRESS 27 25 Deerfield Rd.	
3. NAME OF DECEASED (Type or print) First Middle Last Wm. A Grolock		4. DATE OF DEATH Month Day Year Dec 31 1958	
5. SEX Male 0	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 Feb. 10 1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Architect		10b. KIND OF BUSINESS OR INDUSTRY Architectural	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Wm A Grolock		13b. MOTHER'S MAIDEN NAME Helene Kluender	14. NAME OF HUSBAND OR WIFE Anna Mae Grolock
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wpr or dates of service) No NONE		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. Wm A. Grolock 25 Deerfield
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 Infarction. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary Arteriosclerosis, Hypertension 420.1 DUE TO (c) _____ 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 36 hrs. 7 yrs.
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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 Dec 30 59 to Dec 31 59 and last saw her/him alive on Dec 31 59 Death occurred at 8:40 P.M. Dec 31 59 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Paul K. Webb M.D.		22b. ADDRESS 721 Olive St. St. Louis Mo	22c. DATE SIGNED 1-1-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE Jan 3 1959	23c. NAME OF CEMETERY OR CREMATORY Mo. Crem.	23d. LOCATION (City, town, or county) (State) 3211 Sublette St. Louis Mo.
24. FUNERAL DIRECTOR C.R. Lupton and Sons 7233 Delmar		25. DATE RECD. BY LOCAL REG. JAN 2 '59	26. REGISTRAR'S SIGNATURE J. Earl Smith M.D. (H.T.)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

Dr. P. H. Welch
Ch. 1-6538

Will come in to sign.

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

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.