Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003715
STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 163

1. PLACE OF DEATH a. COUNTY St. Louis b. CITY OR TOWN Clayton — Inside Limits Yes X No ☐ c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) County Hosp. — Length of stay in 1b DOA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis c. CITY OR TOWN Rock Hill 4631 — Inside Limits Yes X No ☐ d. STREET ADDRESS (If outside, give location) 1015 Leonard Ave. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First NORA Middle LOUISE Last GROSSHEIM
4. DATE OF DEATH: Month Jan. Day 15 Year 1959
5. SEX: F
6. COLOR OR RACE: W
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Sept. 13, 1885
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (City and state or country): Kirkwood, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Henry Niemeyer
13b. MOTHER'S MAIDEN NAME: Louise Witthoelter
14. NAME OF HUSBAND OR WIFE: Leonhard Grossheim
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. 493-36-2402B
17. INFORMANT: Leonhard Grossheim, Address: 1015 Leonard

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Unknown Natural Causes

Conditions, if any, which gave rise to above 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) 7954

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.)
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 _____, to _____ and last saw her/him alive on _____
Death occurred at 10:45P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John C. Murphy M.D. Acting Health Commissioner
22b. ADDRESS 801 S. Brentwood Clayton, Mo.
22c. DATE SIGNED 1/22/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-19-59
23c. NAME OF CEMETERY OR CREMATORY Park Hill Cem.
23d. LOCATION (City, town, or county) St. Louis Co., (State) Mo.

24. FUNERAL DIRECTOR Parker-Aldrich ADDRESS Webster Groves
25. DATE RECD. BY LOCAL REG. 1-17-59
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(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.

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves

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.