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FILED MAR 13 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007923
State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 546

1. PLACE OF DEATH a. COUNTY St. Louis, County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) Clayton, Mo. Richmond #75	c. LENGTH OF STAY (in this place) 2 weeks	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Mary's Hospital		e. STREET ADDRESS (If rural, give location) 4456 Newstead Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Magdalen b. (Middle) _____ c. (Last) Grote	4. DATE OF DEATH (Month) (Day) (Year) February 26, 1959
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 3, 1891	9. AGE (In years last birthday) 67 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Herman Keppler	13b. MOTHER'S MAIDEN NAME Catherine Sontag	14. NAME OF HUSBAND OR WIFE Frank Grote
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) No	16. SOCIAL SECURITY (If yes, give war or dates of service) 90-03-5064	17. INFORMANT'S SIGNATURE OR NAME Frank Grote	ADDRESS 4456 Newstead Ave.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction		2 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) _____		1-2 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Previous infarction 2 wks before death			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 420.0	20. AUTOPSY? / YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Feb 14 ¹⁹⁵⁹ to Feb 26, 1959, that I last saw the deceased alive on Feb 26, 1959, and that death occurred at 12:20 PM from the causes and on the date stated above.

23a. SIGNATURE J. C. Redington M.D. (Degree or title)	23b. ADDRESS 950 Francis Place Clayton 5 mo	23c. DATE SIGNED 2-27-59
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/2/1959	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 2-27-59 John P. Murphy	25. FUNERAL DIRECTOR'S SIGNATURE Morrell Mortuary	ADDRESS 3710 North Grand
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Leron E. Percy*.....

Licensed Embalmer No. *409*.....

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.