URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH 59-033851

FILED VS SEP 2 9 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 8370 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 1 year

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 4036 Grove Street — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 4036 Grove Street — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JOSEPH Middle L. Last GROELLER

4. DATE OF DEATH Month Day Year September 9, 1959

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 7-25-1901

9. AGE (last birthday) 58 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Disabled - Dispatcher

10b. KIND OF BUSINESS OR INDUSTRY Emerson Electric Co.

11. BIRTHPLACE (City and state or country) St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Joseph Groeller

13b. MOTHER'S MAIDEN NAME Julie Ostel

14. NAME OF HUSBAND OR WIFE Mary Groeller

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. ——

17. INFORMANT Address Mrs. Mary Groeller - 4036 Grove St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Art sclerotic cor. art. dis. acute infarction — INTERVAL BETWEEN ONSET AND DEATH 24 hrs.

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

DUE TO (c) 42 s.1

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 1-13-45, to 9-9-59 and last saw him alive on 9-8-59

Death occurred at 12:18 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wayne O Gorke MD

22b. ADDRESS 100 No Euclid

22c. DATE SIGNED 9-10-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Sept 12, 1959

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, Inc., 2161 E. Fair

25. DATE RECD. BY LOCAL REG. SEP 10 '59

26. REGISTRAR'S SIGNATURE Karl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

**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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 3737

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.