

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020984

FILED VS JUN 15 1960

318

1003

5486

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

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 LIFE	c. CITY OR TOWN ST. LOUIS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3115 A GEYER - AV.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1534 - WARREN - ST.

3. NAME OF DECEASED (Type or print) First Middle Last FREDERICK-CHARLES-GROTEMEYER			4. DATE OF DEATH Month Day Year MAY 24TH 1960			
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-16-1897	9. AGE (last birthday) 62 YRS.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FORMERLY: ELECTRICIAN	10b. KIND OF BUSINESS OR INDUSTRY DAY-BRITE-MFG.CO.	11. BIRTHPLACE (City and state or country) ST. LOUIS - MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME CHARLES-GROTEMEYER	13b. MOTHER'S MAIDEN NAME ANNA - STUERMAN	14. NAME OF HUSBAND OR WIFE NEVER-MARRIED
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT HENRY-GROTEMEYER	Address 3115 A GEYER - AV.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE (a) cystic disease of lungs		INTERVAL BETWEEN ONSET AND DEATH 2 years
DUE TO (b) <i>cystic disease of lungs</i>		
DUE TO (c) 759.0		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Emphysema		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year

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.) 5-20-60	20f. CITY, TOWN, OR LOCATION COUNTY STATE 5-21-60
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21. I attended the deceased from 5/20/60 to 5/24/60 and last saw her/him alive on 5/20/60	Death occurred at 4:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Wm. O. Mowry (Degree or title) M.D.	22b. ADDRESS 3625 Fair	22c. DATE SIGNED 5/26/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAY-27-1960	23c. NAME OF CEMETERY OR CREMATORY CALVARY-CEMETERY	23d. LOCATION (City, town, or county) ST. LOUIS (State) MO.
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24. FUNERAL DIRECTOR Brockland Und. Co. 1827-HOGAN-ST.	25. DATE RECD. BY LOCAL REG. MAY 26 1960	26. REGISTRARS SIGNATURE Royal Smith M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harvey Kahle

Licensed Embalmer No. 4596

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.