

**FURI DIVISION OF HEALTH - STANDARD REGISTRATION OF DEATH**

**=60-036149**

**FILED VS. SEP 21 1960**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8901** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Mo.</b>				Length of stay in 1b		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DOA City Hospital</b>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>8956 Blackpool Dr.</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Charles G. Grove</b>				4. DATE OF DEATH Month Day Year <b>Sept. 7, 1960</b>			
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>May 27, 1893 67</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Elevator Constr. Wkr</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Miller Elevator Co.</b>		11. BIRTHPLACE (City and state or country) <b>Oklahoma</b>	
13a. FATHER'S NAME <b>Franklin Grove</b>				13b. MOTHER'S MAIDEN NAME <b>Sara McCausland</b>		14. NAME OF HUSBAND OR WIFE <b>Edith Grove</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes World War I</b>				16. SOCIAL SECURITY NO.		17. INFORMANT <b>Affton, Mo. address Edith Grove 8956 Blackpool Dr.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Crushed Skull</b>							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							<b>912.3 - 6</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Suffered while crushed by elevator while parking at Franklin Ave. about 1pm</b>							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Explain nature of injury in PART I or PART II of item 18.) <b>while parking at Franklin Ave. about 1pm</b>			
20c. TIME OF INJURY Hour Month, Day, Year <b>100 p.m. 9 7 1960</b>		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <b>25 Factory St. Louis Mo</b>					
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>5:01 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Patrick J. Conroy Coroner</b>				22b. ADDRESS <b>1300 Clark</b>			22c. DATE SIGNED <b>9.8.60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>9-12-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
24. FUNERAL DIRECTOR <b>Southern Funeral Home</b>				25. DATE RECD. BY LOCAL REG. <b>SEP 9 1960</b>		26. REGISTRAR'S SIGNATURE <b>Neal Smith, M.D.</b>	

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 Myself Student Embalmer No. 4  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed David Van Horn

Licensed Embalmer No. 4242

P. O. Address St Louis Mo

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