URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-043640
STATE FILE NUMBER

FILED VS NOV 17 1960 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10840

ENDED

1. PLACE OF DEATH
a. COUNTY

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

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

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

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

d. STREET ADDRESS (If outside, give location) 5200 So. Broadway — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Elisa Middle A. Last Groeteke

4. DATE OF DEATH Month 11 Day 9 Year 1960

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 2/2/86

9. AGE (last birthday) 74 — 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and state or country) Iron Mountain, Mo.

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

13a. FATHER'S NAME Carl Brennecke

13b. MOTHER'S MAIDEN NAME Amalia Schenk

14. NAME OF HUSBAND OR WIFE George Groeteke

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 Homer W. Groeteke, Address 2634 E. Lombard

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis
DUE TO (c) 420.1
INTERVAL BETWEEN ONSET AND DEATH

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

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 October 31, 1960, to November 9, 1960, and last saw her alive on 11/8/60
Death occurred at 3:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert H. Ramsey, M.D.

22b. ADDRESS 25a S Florissant Ferguson, Mo

22c. DATE SIGNED 11/9/60

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

23b. DATE 11/11/60

23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery

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

24. FUNERAL DIRECTOR ADDRESS Drehmann-Harral, 1905 Union Blvd.

25. DATE RECD. BY LOCAL REG. NOV 10 1960

26. REGISTRAR'S SIGNATURE Earl Smith. M.D.

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

25a S. Fliorisant Rd.
Ja 4-0560
Hrs. 3-5 Wed.
Deaconess Hosp. Thurs A.M.

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 Warren A. Carve

Licensed Embalmer No. 353

P. O. Address_____

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