

REGISTRATION DISTRICT NO. **318** PRIMARY REGISTRATION DISTRICT NO. **1003** REGISTRAR'S NO. **11675** STATE FILE NUMBER **-60-043642**

FILED VS DEC 14 1960

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>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2919<sup>a</sup> SHENANDOAH</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <b>2919<sup>a</sup> SHENANDOAH</b>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>ROBERT</b> Middle <b>B.</b> Last <b>GROPP</b>			4. DATE OF DEATH Month <b>DEC.</b> Day <b>3</b> Year <b>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>JAN. 9 1917</b>	9. AGE (last birthday) <b>43</b>	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) <b>Beer Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FALSTAFF Brewery Mo</b>		11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>	
13a. FATHER'S NAME <b>AUGUST GROPP</b>		13b. MOTHER'S MAIDEN NAME <b>ANNA BAUER</b>		14. NAME OF HUSBAND OR WIFE <b>URSULA GROPP</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>YES</b> (If yes, give war or dates of service) <b>WAR II</b>		16. SOCIAL SECURITY NO. <b>497-03-0572</b>		17. INFORMANT Address <b>URSULA GROPP 2919 SHENANDOAH</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Carbon Monoxide Poisoning;</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b) <b>When found dead in garage in rear of home,</b>		
DUE TO (c) <b>on December 3rd 1960, cause and manner of same could not be determined.</b>		
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.		<b>891.0-15</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <b>see above</b>
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20c. TIME OF INJURY Hour <b>2</b> a.m. <b>12-3-60</b> 17 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>St Louis Mo</b>	COUNTY <b>Mo</b>	STATE
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21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at **6:5 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Patricia E Taylor Coroner</b> (Degree or title)	22b. ADDRESS <b>1300 Clark</b>	22c. DATE SIGNED <b>12-5-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>DEC. 7 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Mo</b>
25. DATE RECD. BY LOCAL REG. <b>DEC 5 1960</b>	26. REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

GENERAL DIRECTOR ADDRESS  
**Thomas Dutta 2906 Gravis**

**STATEMENT BY LICENSED EMBALMER**

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

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

Signed James C. Hill

Licensed Embalmer No. 4347  
P. O. Address 2906 1st

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