

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO.</i> b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS</i>		Length of stay in 1b <i>58 YRS.</i>		c. CITY OR TOWN <i>ST. LOUIS</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>HOMER PHILLIPS</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>5033 ARLINGTON AVE.</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <i>HARRY</i> Middle <i>E.</i> Last <i>GROTE</i>				4. DATE OF DEATH Month <i>11</i> Day <i>21</i> Year <i>1960</i>					
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>6-29-1902</i>	9. AGE (last birthday) <i>58 YRS.</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>POLICE OFFICER</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>METROPOLITAN POLICE DEPT.</i>		11. BIRTHPLACE (City and state or country) <i>ST. LOUIS, MO.</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>		
13a. FATHER'S NAME <i>HENRY GROTE</i>			13b. MOTHER'S MAIDEN NAME <i>MINNIE MARTENS</i>			14. NAME OF HUSBAND OR WIFE <i>ALICE GROTE</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>			16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT <i>ALICE GROTE 5033 ARLINGTON AVE.</i> Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Gunshot wound of heart, self inflicted</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>in bedroom of home on November 21, 1960</i> DUE TO (c) <i>while suffering from mental aberration</i> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown									
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>976x</i> <i>See above</i>					
20c. TIME OF INJURY Hour <i>2</i> a.m. / p.m. Month, Day, Year <i>11-21-60</i>		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.) <i>Home</i>		20f. CITY, TOWN, OR LOCATION <i>St Louis Mo</i>		COUNTY	STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ <i>11:35 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Robert C. E. [Signature]</i>				22b. ADDRESS <i>1300 Clona -</i>		22c. DATE SIGNED <i>11/23/60</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		23b. DATE <i>11-25-1960</i>		23c. NAME OF CEMETERY OR CREMATORY <i>CALVARY CEMETERY</i>		23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS 7 MO.</i>			
24. FUNERAL DIRECTOR <i>SUEDMEYER & SONS 3934 N. 20TH ST.</i>				25. DATE RECD. BY LOCAL REG. <i>NOV 23 1960</i>		26. REGISTRAR'S SIGNATURE <i>Roald Smith M.D.</i>			

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 Stanley A. Dixon
Licensed Embalmer No. 419
P. O. Address St. Louis

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.