

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-010890

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2270

STATE FILE NUMBER

FILED MAR 23 1961

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY ST. LOUIS									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS			Length of stay in 1b		c. CITY OR TOWN HANLEY HILLS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEWISH HOSPITAL				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 7920 ALERT DRIVE		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Middle Last Kathryn Grotpeter						4. DATE OF DEATH Month Day Year March 6, 1961							
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/16/1901		9. AGE (last birthday) 59		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife Retired				10b. KIND OF BUSINESS OR INDUSTRY Milliner		11. BIRTHPLACE (City and state or country) St. Louis Missouri		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME uJacob Heinkel				13b. MOTHER'S MAIDEN NAME Theresa Fuhrmann				14. NAME OF HUSBAND OR WIFE Kenneth S. Grotpeter.					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				17. INFORMANT Address Lloyd L. Willmann; 7920 Alert Dr.									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Surgery about the chest and heart muscles themselves. Extreme large amount of hemorrhage; cardiac arrest while undergoing operation (Mitral Valveotomy) at Jewish Hospital on March 6, 1961. accident										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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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. (Enter nature of injury in PART I or PART II of item 18.) 410x See above									
20c. TIME OF INJURY Hour a.m. p.m. 3-6-61													
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.) 12 Hospital		20f. CITY, TOWN, OR LOCATION St. Louis, Mo		COUNTY		STATE					
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ 11:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Paul Simon (Degree or title) Chronic						22b. ADDRESS 1300 Clark				22c. DATE SIGNED 3/8/61			
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		23b. DATE 3/9/1961		23c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory		23d. LOCATION (City, town, or county) St. Louis County, Missouri							
24. FUNERAL DIRECTOR C.R. Lupton & Sons; 7233 Delmar Blvd				ADDRESS		25. DATE RECD. BY LOCAL REG. MAR 8 1961		26. REGISTRAR'S SIGNATURE Earl Smith. M.D.					

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF

General Surgery for mitral stenosis

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Arnold W. Schoen

Licensed Embalmer No. 3864
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.