

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED MAR 19 1962 317

Registration District No. 541

Primary Registration District No. 834

Registrar's No. 834

=62-013492
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 4002

2 4013

3

4 0

5 1

6

7 0

8 2

9 X

10

11 400

12 2-3

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		Length of stay in 1b	c. CITY OR TOWN Florissant
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County, D.O.A.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 235 Paul Ave.
3. NAME OF DECEASED (Type or print) First HARRY Middle B. Last GRUPE, Jr.		4. DATE OF DEATH Month March Day 10 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb. 16, 1926
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Manager		10b. KIND OF BUSINESS OR INDUSTRY Wetteran Grocers	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
13a. FATHER'S NAME Harry B. Grupe, Sr.		13b. MOTHER'S MAIDEN NAME Eleanor Lassaller	14. NAME OF HUSBAND OR WIFE Shirley Mae Grupe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) Yes WW 2 & Korean		16. SOCIAL SECURITY NO.	17. INFORMANT Shirley M. Grupe, 235 Paul av. Florissant
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Head Injury Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) _____ DUE TO (c) _____ 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			12. CITIZEN OF WHAT COUNTRY U. S. A
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) Operating car which left roadway, struck a chain link fence and then traveled down an embankment	
20c. TIME OF INJURY Hour 1:53 a.m. <input checked="" type="checkbox"/> p.m. <input type="checkbox"/> Month, Day, Year 3/10/62		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.) public road		20f. CITY, TOWN, OR LOCATION Hazelwood	COUNTY St. Louis STATE Missouri
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Raymond H. ... (Degree or title) Coroner		22b. ADDRESS Clayton, Missouri	22c. DATE SIGNED 3/13/62
23a. BURIAL, CREMATION, OR REMOVAL BURIAL	23b. DATE March, 13, 1962	23c. NAME OF CEMETERY OR CREMATORY St. Paul Churchyard	23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
24. FUNERAL DIRECTOR Witt Mortuary, 6409 Gravois Ave.		25. DATE RECD. BY LOCAL REG. 3-12-62	26. REGISTRAR'S SIGNATURE John C. ...

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 Yan M. Sizemore

Licensed Embalmer No. 4343

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.