# MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033305
STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 79a

FILED AUG 26 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0928
2 0928 2
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4 0
5 1
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9 4200
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12 92-0
13 5-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Charles — Length of stay in 1b: Years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): DOA St. Joseph Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: St. Charles
c. CITY OR TOWN: St. Charles — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 722 Harvester — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First OLIVER — Middle J. — Last GRONEFELD

4. DATE OF DEATH: Month August — Day 16 — Year 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Widowed ☐ Never Married ☐ Divorced ☐
8. DATE OF BIRTH: 1-8-1907
9. AGE (last birthday): 56 — 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): Tavern Owner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): St. Charles County
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Alfred Gronefeld
13b. MOTHER'S MAIDEN NAME: Julia Diekamp
14. NAME OF HUSBAND OR WIFE: Anna Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of servi[illegible]
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Anna Gronefeld — Address: St. Chas. Mo.

MEDICAL CERTIFICATION

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
DUE TO (b): Arterio-clerotic Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 5 yr

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

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 1953 to 1963 and last saw her/him alive on July 15, 1963
Death occurred at 6:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] MD
22b. ADDRESS: St Charles Mo
22c. DATE SIGNED: August 17 1963

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-18-1963
23c. NAME OF CEMETERY OR CREMATORY: FRIEDENS Cemetery
23d. LOCATION (City, town, or county) (State): St. Charles, Mo.

24. FUNERAL DIRECTOR — ADDRESS: A.C. Baue Funeral Home, St. Charles, Mo.
25. DATE RECD. BY LOCAL REG.: Aug 17 - 1963
26. REGISTRAR'S SIGNATURE: Palmyra Stewart, Mabel Zumwalt Dep.

(Licensed Embalmer's Statement on Reverse Side)

SEP 12 1963

SEP 26 1963

**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 David C. Bowe

Licensed Embalmer No. 5060

P. O. Address St. Charles, 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.