

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044503
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
AMENDED

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 136

FILED DEC 10 1963

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits; give TOWNSHIP only) OR TOWN Rural Maramec		Length of stay in 1b 2 Yrs.	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hill Infirmary		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6551 Smiley Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Oscar Groebl			4. DATE OF DEATH Month December Day 4 Year 1963
5. SEX Male	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 9/13/1872
9. AGE (last birthday) 91		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) Butcher		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Germany
12. CITIZEN OF WHAT COUNTRY U. S. A.		13. FATHER'S NAME Peter Groebl	
13b. MOTHER'S MAIDEN NAME Crescentia Gmeinsweiger		14. NAME OF HUSBAND OR WIFE Anna Schaan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT John P. Groebl		Address 6551 Smiley Ave.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cardiac decompensation DUE TO (b) arteriosclerotic cv disease DUE TO (c) gen. arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 4 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) gangrene of (2) feet due to embolus.			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 type="checkbox"/> HOMICIDE <input type="checkbox"/>	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.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 7/29/1961 to 12/4/63 and last saw ^{them} him alive on 12/31/1963 Death occurred at 11:38 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE P. C. Hogan (Degree or title)	
22b. ADDRESS 3654 S. Grand Ave.		22c. DATE SIGNED 12/6/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12/7/73	23c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul	23d. LOCATION (City, town, or county) (State) St. Louis Mo.
24. FUNERAL DIRECTOR Gebken Sons		ADDRESS 2630 Gravois	25. DATE RECD. BY LOCAL REG. 12/7/63
			26. REGISTRAR'S SIGNATURE Mrs. Juanita Schmitt

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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
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 DOCUMENT
 MEDICAL CERTIFICATION
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 BY AFFIDAVIT OF
 USE BLACK INK OR TYPEWRITER RIBBON

DEC 13 1966

DEC 12 1966

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 Van 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.