

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

34762

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No.)

File No.
Registered No. **9889**
St. Ward)

2. FULL NAME

Frank F. Gronemeier
(a) Residence. No. 3909 Labadie St., 10 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alvina Gronemeier</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 16 1863</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>1</u>
	DAYS <u>18</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Meat Cutter</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <u>Washington</u> (STATE OR COUNTRY) <u>Mo</u>		
PARENTS	10. NAME OF FATHER <u>Fredrick Gronemeier</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	12. MAIDEN NAME OF MOTHER <u>Mrs. Khow</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 4 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct. 15 1927, to Nov. 4 1927,
that I last saw him alive on Nov. 4 1927 and that death occurred, on the date stated above, at 10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Apoplexy
Hemorrhage
Arteriosclerosis
(duration) yrs. mos. da. 5

18. WHERE WAS DISEASE CONTRACTED?
IF NOT IN PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? DATE OF.....
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. J. Kleykamp M. D.
11/4 1927 (Address) 3834 St. Louis

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT (Address) <u>Alvina Gronemeier</u> <u>3909 Labadie</u> St.	19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>St. Peters</u>	DATE OF BURIAL <u>Nov 6 1927</u>
15. NOV -5 1927 FILED <u>Max G. Starckoff</u> REGISTRAR	20. UNDERTAKER <u>Wm. F. Paschedag</u>	ADDRESS <u>2825</u> <u>70 Grand Bl</u>

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

