

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

Do not use this space.

38887

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. **791**  
Primary Registration District No. **1003**  
No. **Deaconess Hospital**

File No.....  
Registered No. **11553**  
St. .... Ward.....

**2. FULL NAME**

(a) Residence, No. .... St. **11** Ward. **Oakville Mo.**  
(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** Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)** Single

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Sept 20 1934

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
4 2 4

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **None**  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Oakville Missouri

**10. NAME OF FATHER** Urban Groebel Sr

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** St. Louis Missouri

**12. MAIDEN NAME OF MOTHER** Frieda Matern

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** Oakville Missouri

**14. INFORMANT (Address)** Urban Groebel Sr Oakville

**15. FILED** 27 1928 **Reg. C. Stankel** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 11 24 28

**17. I HEREBY CERTIFY, That I attended deceased from** 19 **Nov** 19 **28**, to **24** 19 **28**, that I last saw him alive on **24** **Nov** 19 **28**, and that death occurred, on the date stated above, at **8:30 p.m.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Tuberculosis of intestine**  
**95**

**CONTRIBUTORY (SECONDARY)** **33** (duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**  
IF NOT AT PLACE OF DEATH.....

**1** DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **12 Nov 1928**

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Bacteriological**

(Signed) **Hatilde S. Tipton**, M. D.

, 19 (Address) **7606 Ulichigan**

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

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** **DATE OF BURIAL**

**S. St. Peter Paul Cem** **11/28 28**

**20. UNDERTAKER** **ADDRESS**

**Chapman & Co** **7814 S. Bloom**

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.

WHILE FILING, WITH GRADING THEREIN IS A PERMANENT RECORD

