

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

Do not use this space.

22525

1. PLACE OF DEATH  
 County St Charles Registration District No. 757  
 Township St Charles Primary Registration District No. 3036  
 City St Charles (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Ben Gronofred  
 (a) Residence, No. St Charles 122 Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 47 yrs.  mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Amelia Gronofred

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14 - 1869

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day
<u>71</u>	<u>11</u>	<u>8</u>	<u>hrs.</u> or <u>min.</u>

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Farmer 131

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 932

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo!

13. NAME Henry Gronofred

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Schmeier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Edwin Gronofred  
(ADDRESS) St Charles Mo 122

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Frederick Mo DATE June 24 1931

19. UNDERTAKER Ed Kelly  
(ADDRESS) Frederick Mo

20. FILED 4/13 19 31 By E. Blochman  
 Registrar

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24 1931

I HEREBY CERTIFY that I attended deceased from March 21, 1931, to June 22, 1931  
 I last saw him alive on June 2, 1931. Death is said to have occurred on the date stated above, at 2 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Paratyphoid  
Myelitis  
 Date of onset March 21 1931

Other contributory causes of importance:  
Chronic Myocarditis  
from rheumatism  
1925

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Cholera Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify Frederick  
 (Signed) \_\_\_\_\_ M. D.  
 (Address) St Charles Mo

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

MAY 28 1931

