

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.

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH St. Louis Maternity Hospital

791

22349

County.....

Registration District No.

File No.

Township.....

Primary Registration District No. 1003

Registered No. 6101

City St. Louis, Missouri No.

St. Ward)

2. FULL NAME Infant Groezinger

(a) Residence, No. 4676a Page Blvd. St., 12 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1937

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

22. I HEREBY CERTIFY That I attended deceased from 5:40 PM 6-17-37, 1937, to 7 PM 6-17-37, 1937.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-17-37

I last saw her alive on 7 PM 6-17-37, 1937. Death is said to have occurred on the date stated above, at 7:45 m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min. Newborn

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Prematurity ✓ Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

Other contributory causes of importance: Cardiac + respiratory failure

13. NAME George John Groezinger

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? Yes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

15. MAIDEN NAME Marie Louis Weaver

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)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) George John Groezinger

Manner of injury
Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Georg Valk, M. D.

19. UNDERTAKER (ADDRESS) Dept. of Pathology Washington University

20. FILED J. A. Bredeek Registrar

(Address) 630 S. Kingshighway

JUN 23 1937

CONFIDENTIAL - SECURITY INFORMATION

SECRET

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SECRET

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St Louis
Township St Louis
City St Louis (No.)

Registration District No. 791
Primary Registration District No. 1003

File No. 22349
Registered No. 6101
St. Ward

2. FULL NAME

Infant Groezinger

(a) Residence, No. (Usual place of abode) ... Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-17-37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min. newborn 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (ADDRESS)

20. FILED

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from

to, 19... Death is said to have occurred on the date stated above, at... m. The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of... What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify (Signed) Geo. Hult, M. D. (Address) 630 S. Kings Highway

SUPPLEMENTARY

Washington Univ Board 6-17-39
anatomical
8-13-39 J. F. Bredeck
Registrar

REGISTRARS SHALL NOT RECEIVE A FEE IF CERTIFICATE IS FILED UNLESS THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH IN plain terms, so that it may be read by laymen.

S-22349