

SEP 24 1937

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

Dr Hayden
Do not use this space.

31608

1. PLACE OF DEATH

County St Charles Registration District No. 757
Township _____ Primary Registration District No. 3036
City St Charles (No. 5285, Eights)

File No. _____
Registered No. 135
St. _____ Ward _____

2. FULL NAME

Mrs Minnie Grote
(a) Residence, No. St Charles Mrs St. _____ 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25th 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra ormin.
67 4 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Hamburg Mo

13. NAME Philip Heck

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

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Mary Grote

(ADDRESS) 328 N. 8th St. St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem DATE Aug 2nd 1937

19. UNDERTAKER J. B. G. Daffin

(ADDRESS) St Charles Mo

20. FILED 8/7 1937 Clarence H. Newell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5th 1937

22. I HEREBY CERTIFY, That I attended deceased from August 5 1937, to August 5 1937
I last saw her alive on August 5 1937. Death is said to have occurred on the date stated above, at 5:40 p. m.

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

Essential Hypertension Date of onset 2
and Coronary Disease 2
Generalized Atherosclerosis

Other contributory causes of importance: 94B
Coronary Thrombosis 3 hrs

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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 _____

(Signed) R. O. Hayden, M. D.
(Address) St. Charles, Mo.

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.

AUG 15 1963