

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

16523

Do not use this space.

1. PLACE OF DEATH

(a) County
 (b) Township
 (c) City St. Louis Mo. (d) Street No. Missouri Baptist Hospital Registered No. 4384
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Gronke

(a) Residence, No. 3128 A Ohio Ave. St. 25 24 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 10 /

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife.
 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) Ireland

FATHER 13. NAME Edward Egan

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) John Gronke
3128 A Ohio Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE May 14 '38

19. FUNERAL DIRECTOR (ADDRESS) Theo. Schmitz
2906 Gravois Ave.

20. FILED MAY 13 1938 J. P. Bricker Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11th 1938

22. I HEREBY CERTIFY, That I attended deceased from May 7th 1938 to May 11th 1938

I last saw him alive on May 11th 1938 Death is said to have occurred on the date stated above at 3.15PM.

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

Chro. Myocarditis Date of onset
Arrhous Liver
Ascites of abdomen

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 Edwards of the M. D.

(Signed) Edwards of the M. D.

(Address) 3803 So Broadway

Handwritten notes:
J.P. [unclear]
5035

STATEMENT BY LICENSED EMBALMER

I, THOS. KUTIS, Licensed Embalmer No. 1619

hereby certify that the body recorded on the reverse side of this certificate was embalmed by THOS. KUTIS

L. E. 1619

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Thos Kutis

Licensed Embalmer No. 1619

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)