

151 JAN 11 1938

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

41419  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... **2** Primary Registration District No. **1008**  
 (c) City **St. Louis** (d) Street No. **2021 S. Compton Ave** St.  
 (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 **Charlotte Groppe**

(a) Residence, No. **2021 S. Compton Ave.** St. **17**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **John W. Groppe**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 28, 1859**

7. AGE YEARS **79** MONTHS **1** DAYS **28** If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Home**  
 9. Industry or business in which work was done, as 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) **Casco Mo.**

FATHER 13. NAME **Frederick Plackmann**

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

MOTHER 15. MAIDEN NAME **Schwerketing**

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

17. INFORMANT (ADDRESS) **Augusta M. Groppe**  
**2021 S. Compton Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Port Hudson, Mo.** DATE **Dec, 28, 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Wacker-Helderle**  
**2331 So. Broadway**

20. FILED **DEC 27 1938** **J. B. Bricker** (Treas. Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 26, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Apr. 7<sup>th</sup>**, 19**38**, to **Dec 25<sup>th</sup>**, 19**38**  
 I first saw h. **er** alive on **Dec 25<sup>th</sup>**, 19**38**. Death is said to have occurred on the date stated above, at **5:45a.m.**  
 The principal cause of death and related causes of importance were as follows:

**Chronic myocarditis.**  
**Chronic interstitial nephritis.**  
 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..... (Sign) **A. W. Sevensman**, M. D.  
 (Address) **3108 Chippen St.**

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.

1 X14022

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*Robert C. Wheeler*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed *Robert C. Wheeler*

Licensed Embalmer No. *2128*

P. O. Address *1400 1st St*

**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.)**

**If this body is not embalmed, above space should be left blank.**