

0250 APR 12 1939

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

8523  
Do not use this space.

1. PLACE OF DEATH

(a) County..... 2 Registration District No..... 791  
(b) Township..... 1 Primary Registration District No..... 1003  
(c) City..... of St. Louis (d) Street No..... 3671 Rutger St. 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.

Registered No..... 2288

2. PRINT FULL NAME

631 Elizabeth C. Grotpeter  
(a) Residence, No..... 3671 Rutger Street St. 18  
(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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 2 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
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) Dundee (STATE OR COUNTRY) Missouri 0

FATHER 13. NAME Jos. D. Wildfong 1

14. BIRTHPLACE (CITY OR TOWN) Pennsylvania 0 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Fidelia Bray

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

17. INFORMANT Jos. H. Grotpeter (ADDRESS) 3671 Rutger St

18. BURIAL, CREMATION OR REMOVAL in St. Peters Cem. DATE 3/10/39 PLACE DATE

19. FUNERAL DIRECTOR (NAME) A. V. McLaughlin (ADDRESS) 2301 Lafayette Avenue

20. FILE MAR 10 1939 J. E. Brueck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/8/39 19

22. I HEREBY CERTIFY, That I attended deceased from 2-12-1939 to 3-8-1939  
I last saw her alive on 3-7-1939 Death is said to have occurred on the date stated above, at 4:30 A.M.

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

Syncope - cerebral caused by cardiac renal hypertension  
Date of onset  
Other contributory causes of importance: Cardio-renal Hypertension

Name of operation..... X Date of..... X  
What test confirmed diagnosis?..... X Was there an autopsy? no

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

Manner of injury..... X  
Nature of injury..... X

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify..... X  
(Signed) Howard M. Foster, M. D.  
(Address) 3059 A St. Louis ans

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.

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**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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*L. W. Cooper*

Licensed Embalmer No

*3633*

P. O. Address

*2317 Lafayette*

**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.**