DEC 17 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44539

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2218

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Black Jack Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BlackJack Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community 27 Year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Black Jack Mo. (If outside city or town limits, write "RURAL")

(d) Street No. Florissant Station R.1 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 50 year years.

3. (a) PRINT FULL NAME William Grote

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Caroline Grote

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Dec. 25 1868 (Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 20 If less than one day ____ hr. ____ min.

9. Birthplace Germany (City, town, or county) (State or foreign country)

10. Usual occupation Farmer & Sextonn

11. Industry or business

FATHER 12. Name Unknown Grote

FATHER 13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Un Known

MOTHER 15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Emil Meyer

(b) Address BlackJack Mo. Florissant St. R 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 18 1939 (Month) (Day) (Year)

(c) Place: burial or cremation BlackJack Cemetery

18. (a) Signature of funeral director Diedrich Funeral Home

(b) Address 8319 Halls Ferry Rd.

19. (a) DEC 17 1939 (Date received local registrar) (b) R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15 year 1939 hour 5 minute 30 a. M.

21. I hereby certify that I attended the deceased from Dec 12 Dec. 14, 1939 to Dec. 14, 1939 that I last saw him alive on Dec. 14, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetis	
Diabetes Mellitus	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. C. Ahrens (M. D. or other) 1

Address Florissant Mo Date signed Dec 19

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19811

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.....Arthur P. Diedrich.....

Licensed Embalmer No.....35-356.....

P. O. Address.....St. Louis,.....

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.