

No. 2  
11-10-39  
1-17-39  
I X21492

Registration District No. **791**

Primary Registration District No. **1003**

State File No. \_\_\_\_\_

Registrar's No. **3648**

1. PLACE OF DEATH:

(a) County St. Louis **3**  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution;  
FORDS IN MISSISSIPPI RIVER  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

8. (a) PRINT FULL NAME Frank Groom **6.50**

8. (b) If veteran, name war \*\*\*\*\* 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years Abt. 52 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Plumber Helper **7**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown **9**  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. J. Perry

(b) Address Coroners Office

17. (a) Burial (b) Date thereof April 23 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorila Park

18. (a) Signature of funeral director Peetz Brothers  
(b) Address 3029 Lafayette Ave

19. (a) APR 23 1940 (b) J. F. B...  
(Date of local burial or cremation) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis **22**  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1028 S. Eighth St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

No Physician Attendance

20. DATE OF DEATH: Month 19th day April  
year 1940 hour 11:20 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation due to  
Asphyxiation. Deceased  
walked into river at foot  
of Chestnut St. March  
21 1940 about 2.30 PM

Other conditions (Include pregnancy within 3 months of death) 166

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) suicide

(b) Date of occurrence May 31 1940

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
2nd Bank place  
While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury drowning

23. Signature J. F. B... (M. D. or other) **5**  
Address St Louis Mo Date signed 4/23/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.

*Not Embalmed*