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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39600

Registration District No. 757 Primary Registration District No. 3036 Registrar's No. 201

FILED DEC 11 1940

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hosp
(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) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Florissant
(If outside city or town limits, write "RURAL")
(d) Street No. 1070 Costello St.
(If rural, give location)
0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Henry Grote

3. (b) If veteran, name war No
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 Helen Grote
6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March (Month) 2 (Day) 1870 (Year)

8. AGE: Years 70 Months 8 Days 22 If less than one day hr. min.

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

10. Usual occupation Retired 6

11. Industry or business 6

FATHER
12. Name Henry Grote Sr. 6
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Annie Schutte
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Helen Grote
(b) Address 1070 Costello, Florissant, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 27 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Sacred Heart Cemetary

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.

19. (a) 11/25/40 (Date received local registrar) (b) Clarence G. Wessler (Registrar's signature) (CGL)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24 year 1940 hour 7:00 A. M. minute M.

21. I hereby certify that I attended the deceased from 11/20/ 1940, to 11/24 1940 that I last saw him alive on 11/23 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Failure (Chronic myocarditis)	6 mo
Due to	
Due to 46	
Other conditions Carcinoma of Rectum (Include pregnancy within 3 months of death)	1 yr

Major findings:
Of operations Carcinoma of Rectum
Of autopsy Carcinoma of Rectum Chronic myocarditis

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 B. L. Newbeiser (M. D. or other) M.D.
Address St. Charles Mo Date signed 11/25/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. B. L. Neubeiser
St. Charles Mo.
St. Charles Hotel Bldg.
Office
St. Charles 101 Office

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. 3225

P. O. Address 1125 Hodiamont Ave.

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

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