

No. 2
-13-40
17-39
X23159

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8696
State File No. 2106
Registrar's No.

Registration District No. 791 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: St. Louis City Hospital #1
(d) Length of stay: In hospital or institution 9 Mos., 21 Days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town Saint Louis
(d) Street No. ~~City Hospital~~ 4052 Quincy
(e) If foreign born, how long in U. S. A. 8 years.

3. (a) PRINT FULL NAME Edward Grupe
3. (b) If veteran, name war
3. (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 October 17th, 1884

8. AGE: Years 56 Months 4 Days 16
If less than one day hr. min.

9. Birthplace Saint Louis Missouri
10. Usual occupation Nulsen Thompson Motor Co.

11. Industry or business
12. Name Charles H. Grupe
13. Birthplace Unknown Germany
14. Maiden name Mathilda Deterding
15. Birthplace Unknown Illinois

16. (a) Informant Harry Grupe
(b) Address 4052 Quincy Street.

17. (a) Burial (b) Date thereof March 6, 1941
(c) Place: burial or cremation Bethany Cemetery.

18. (a) Signature of funeral director Ziegler Bros.
(b) Address 2623 Cherokee Street.

19. (a) MAR 6 1941 (b) J. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3, year 1941 hour 4:05 minute P. M.
21. I hereby certify that I attended the deceased from May 13, 1940 to March 3, 1941
that I last saw him alive on March 3, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis - Left
Due to Generalized Arteriosclerosis
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Roger W. Stull (M. D. or other)
Address 1515 Lafayette Avenue, Date signed 3/4/41

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 W E Morris
Licensed Embalmer No. 3360
P. O. Address 2623 Cherokee

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, fact should be so stated above.