

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29924**
Registrar's No. **7263**

FILED OCT 18 1941
791

1003

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4245 Gano Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community unknown
years, months or days)

3. (a) PRINT FULL NAME Josephine Grover

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female / 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Charles Grover 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Sept. 20, 1877
(Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 16 If less than one day hr. _____ min. _____

9. Birthplace Cincinnati / Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name George Pistner

13. Birthplace unknown / Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mary Stern

15. Birthplace unknown / Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Claire Grover

(b) Address 4245 Gano Ave

17. (a) burial (b) Date thereof Sept. 9, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Loachut Loachut

(b) Address 2228 St. Louis Ave

19. (a) SEP 8 1941 (b) J. Brudich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1017
(If outside city or town limits, write "RURAL") 9
(d) Street No. 4245 Gano Ave
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6
year 1941 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from Sept. 6
_____, 1941 to Sept. 6, 1941
that I last saw he alive on Sept. 6, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death embolus cordialis

Due to myocardial infarction
under treatment

Due to _____

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

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) _____
(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 0

23. Signature Ernest Per (M. D. or other) _____
Address 1918 East Grove Date signed _____

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

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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 *Charles Goodhart*
Licensed Embalmer No. *2777*
P. O. Address *St. Louis, Mo*

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.