

1669
S. No. 2
M-9-4-41
v. 5-17-39
X29484

4399

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 17 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1746

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 Days
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 18 000

(c) City or town ST LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1134 Kentucky Ave 9
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Harry Albert Groce

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 MARRIED

6. (b) Name of husband or wife heoma Grace

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

7. Birth date of deceased APRIL 5th 1883
(Month) (Day) (Year)

8. AGE: Years 59 Months 2 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) 0110 1 (State or foreign country)

10. Usual occupation none known

11. Industry or business _____

MOTHER FATHER { 12. Name William Groce 9

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

14. Maiden name ANNA 9

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

16. (a) Informant wife heoma Groce

(b) Address 1134 Kentucky Ave

17. (a) Burial (b) Date thereof 2-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director W. J. White

(b) Address City Hospital No. 1

19. (a) FEB 25 1942 (b) J. F. Diederich
(Date filed) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25, year 1942 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from February 9, 1942 to February 25, 1942 that I last saw him alive on February 25, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Infant of heart

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy Infant of Heart Lungs

Duration _____

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? _____

While at work? _____ (Specify type of place)

23. Signature R. A. Nachreiner (M. D.) 7
Address 1515 Lafayette Avenue Date signed 2/25/42

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

1746

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, fact should be so stated above.