

12659

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

FILED APR 27 1942

Primary Registration District No. 1003

Registrar's No. 3549

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:  
1914 Salisbury St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 2 years  
years, months or days)

3. (a) PRINT FULL NAME SAMUEL GROOM

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

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

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

7. Birth date of deceased April 9, 1874  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	0	9	hr. _____ min.

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

10. Usual occupation Coal Miner (Retired)

11. Industry or business Coal Mine

12. Name James Groom

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's own signature Mrs. Disla Schaal

(b) Address Belleville, Ill.

17. (a) Removal (b) Date thereof 4/18/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belleville

18. (a) Signature of funeral director J. F. Bredenk

(b) Address Belleville, Ill.

19. (a) 4-21-1942 (b) J. F. Bredenk  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1914 Salisbury  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18  
year 1942 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from March 15, 1940  
19 \_\_\_\_\_ to April 18 19 42  
that I last saw him alive on April 17 19 42  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Arrest Duration 3 months

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Hypertension - Coronary disease 2 yrs +  
(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?

While at work? \_\_\_\_\_ (Specify type of place)  
(b) Means of injury \_\_\_\_\_

23. Signature O. E. Lippel (M. D. or other) \_\_\_\_\_  
Address 4218 N. Grand Date signed 4-18-42

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-1-39 1-113511

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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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Ben N. Balderis  
Licensed Embalmer No. 2420  
P. O. Address St Louis Ills

**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.**