

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

1942  
MAY 4

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 928

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.

(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
8109 Kingsbury  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Warren 999

(c) City or town Monmouth  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 2

3. (a) PRINT FULL NAME Cora Webster Grove

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. Nil

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 25th,  
year 1942 hour 12:15 minute P. M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased August 17, 1858  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 17, 1942 to April 25, 1942  
that I last saw her alive on April 24, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Adenocarcinoma of sigmoid Duration ?

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>8</u>	<u>8</u>	_____ hr. _____ min.

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

Due to H&E

9. Birthplace Erie / Pennsylvania  
(City, town, or county) (State or foreign country)

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

10. Usual occupation Housework

Major findings:  
Of operations None  
Of autopsy None

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name Zelotus Lee Webster

13. Birthplace Erie / Pennsylvania  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann White

15. Birthplace Erie / Pennsylvania  
(City, town, or county) (State or foreign country)

16. (a) Informant Vada Hood

(b) Address 8109 Kingsbury Place

17. (a) Removal (b) Date thereof 4/25/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monmouth, Illinois

18. (a) Signature of funeral director Albert H. Hoppe Inc

(b) Address 4700 Washington Blvd.

19. (a) APR 25 1942 (b) C. L. Mc...  
(Date received in Registrar's office) (Registrar's signature)

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)

(c) Means of injury \_\_\_\_\_

23. Signature G. L. P... (D. or other) \_\_\_\_\_  
Address 3720 Washington Blvd. Date signed 4/25/42

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

MOTHER FATHER

96  
2  
3

13

26

707

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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.....

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.**