

FILED JUL 13 1942

791

Registration District No. _____ Primary Registration District No. **1003**

00
17
9

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

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:
4739 Ashland 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 **70 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **12**
(c) City or town **St. Louis** **96**
(If outside city or town limits, write "RURAL")
(d) Street No. **4739 Ashland Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Mrs. Frances Growe**

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

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

6. (b) Name of husband or wife **late Benjamin Growe** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Dec. 15 1871**
(Month) (Day) (Year)

8. AGE: Years **70** Months **6** Days **9** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business _____

MOTHER FATHER { 12. Name **Pietz**
13. Birthplace **unknown 9**
(City, town, or county) (State or foreign country)
14. Maiden name **unknown**
15. Birthplace **unknown 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **John A. Growe**
(b) Address **4739 Ashland Ave.**

17. (a) **Burial** (b) Date thereof **6-27-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Hy. Leidner Und. Co.**
(b) Address **2223 St. Louis Ave.**

19. (a) **JUN 25 1942** (b) **J. F. Bruders**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **24**
year **1942** hour **2:15 PM** minute _____ M.

21. I hereby certify that I attended the deceased from **Mar. 14 - 1942**
19 **42** to **June 24** 19 **42**
that I last saw her alive on **June 24** 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**

Due to **Chronic Nephrotic Aortic Stenosis**

Due to _____

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

Major findings: Of operations _____
Of autopsy _____

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) Means of injury **0**

23. Signature **George A. Carole** (M. D. or other)
Address **607 N. Grand** Date signed **6-25-42**

