

2260

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days
(Specify whether

In this community _____
years, months or days)

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. 3232a Taft
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Herbert Julius Groppe

3. (b) If veteran, name war _____

3. (c) Social Security No. 488-03-7256

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Neoma Kuechler

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

7. Birth date of deceased Feb. 6 1910
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 18, year 1942 hour 1:00 minute P. M.

8. AGE:	Years	Months	Days	If less than one day
	<u>32</u>	<u>7</u>	<u>12</u>	hr. _____ min. _____

21. I hereby certify that I attended the deceased from September 9, 1942 to September 18, 1942

that I last saw him alive on September 18, 1942 and that death occurred on the date and hour stated above.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

Immediate cause of death Labar pneumonia

Due to _____

Due to _____

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

10. Usual occupation Painter

11. Industry or business Latta Painting Co.

Major findings: Of operations _____

Of autopsy no autopsy

MOTHER FATHER { 12. Name William Groppe

13. Birthplace Port Hudson Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

14. Maiden name Katherine Rodermund

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Edgar Groppe

(b) Address 6608 Mardel

17. (a) Burial (b) Date thereof Sept. 21, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Reiderwieden F. Home Inc.

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? _____

18. (a) Signature of funeral director Reiderwieden F. Home Inc.

(b) Address 1936 St. Louis Ave.

While at work? _____
(Specify type of place) (c) Means of injury

19. (a) SEP 19 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

23. Signature John E. Kuechler
 Address 2515 Lafayette Avenue Date signed 9/18/42

B

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. *3737*

P. O. Address..... *1936 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.