S. No. 2
M—1-4-41
v. 5-17-39
I X28590

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

35425

State File No.

FILED NOV 23 1942

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 9439

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: St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17

(c) City or town St. Louis 229
(If outside city or town limits, write "RURAL")

(d) Street No. 601 S. Broadway
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Jim Grovero

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug (Month) 22 (Day) 1883 (Year)

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

9. Birthplace Missouri Point Mo 0 (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Miner

FATHER
12. Name Jule Grovero
13. Birthplace Washington Mo. 0 Ga (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lizzie Duclos
15. Birthplace Washington 0 Ga (City, town, or county) (State or foreign country)

16. (a) Informant Edie Kay
(b) Address 601 A S Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 19 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Paton

18. (a) Signature of funeral director C. L. Starks
(b) Address Paton Mo

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 9 year 1942 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from 10/18 1942 to 11-9- 1942 that I last saw him alive on 11-9- 1942 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Left cerebral thrombosis 1 hr
Cont. Anticoagulants 1 d
Due to Arteriosclerosis 1 yr
Hypertension 8 yr
Due to

Other conditions (Include pregnancy within 3 months of death) (Pterygium, Bilateral)
Pterygium Bilateral

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

23. Signature Leo J. Wade (M. D. or other)
Address City Hospital Date signed 11/9/42

(Licensed Embalmer's Statement on Reverse Side)

9439

9439

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.