

**FILED JUN 9 1943 318**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **5037**

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:  
Enroute To City Hospital 2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)  
 In this community 25 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2011, Rutger  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Vadie Grosvenor

3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. No

4. Sex M 5. Color or Race W  
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Grosvenor  
 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased 1 23 1887  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>4</u>	<u>7</u>	hr. _____ min.

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

10. Usual occupation Maintenance Man

11. Industry or business Furniture Co.

MOTHER FATHER

12. Name John Grosvenor  
 13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Hawk  
 15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Grosvenor

(b) Address 2011, Rutger

17. (a) Burial (b) Date thereof 6 / 1 / 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette

19. (a) JUN 1 1943 (b) J. J. Predeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 30  
 year 43 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Infarct  
Coronary Sclerosis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
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?

23. Signatures Thomas Hellard (Specify type of place) \_\_\_\_\_  
Deputy Coroner (b) Means of injury 3  
 Address \_\_\_\_\_ Date signed 6-1-43

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

XX

844

**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

*L. R. Cooper*

Licensed Embalmer No.

*3633*

P. O. Address

*2317 Lafayette*

**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.**