

FILED NOV 20 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9893

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9-1/2 Months
(Specify whether
In this community 63 years 0
years, months or days)

3. (a) PRINT FULL NAME Catherine Grospoeler

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 Widow
6. (b) Name of husband or wife Henry Grospoeler 6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased November 28, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 11 13 ----- hr. ----- min.

9. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

MOTHER FATHER { 12. Name Peter Buchheidt
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Klein
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. J.W. Grospoeler
(b) Address 1941 E. Warne Ave
17. (a) Burial (b) Date thereof 11/13/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) NOV 19 (b) J. F. Brubaker
(Date received local burial) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 9
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1941 E. Warne Ave
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10th
year 1943 hour 7 minute 35 P. M.

21. I hereby certify that I attended the deceased from January 21,
1943 to November 9, 1943,
that I last saw h. er alive on Nov. 9, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia Duration Nov. 6

Due to H/C
Due to H/C

Other conditions I Carcinoma of Recto-Sigmoid Uncertain
(Include pregnancy within 3 months of death) II Hypertensive cardiovascular disease Uncertain
PHYSICIAN

Major findings:
Of operations I Hypostatic Pneumonia
Of autopsy II Carcinoma of Recto-Sigmoid
III Hypertensive cardiovascular disease

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 Albert J. ... (M. D. or other) -----
Address 2737 905th Blvd Date signed 11-11-43

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

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..... *Welford G. Burnley*
Licensed Embalmer No. *4282*
P. O. Address..... *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.