

FILED MAR 27 1944
Registration District No. 877

Primary Registration District No. 6076

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

1. PLACE OF DEATH: Saint Louis, Co. Mo.
 (a) County _____
 (b) City or town Riverview Gardens
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 9983 Riverview Drive.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)
 years, months or days
 3. (a) PRINT FULL NAME William H. Grupe.
 3. (b) If veteran, name war _____
 3. (c) Social Security No. 497-18-6759

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Anna Grupe 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 2nd, 1856.
 (Month) (Day) (Year)

8. AGE: Years 87 Months 10 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation St. Louis Union Trust Co.

11. Industry or business _____

MOTHER FATHER
 12. Name unknown Grupe
 13. Birthplace Unknown, Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown, Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Narry Grupe
 (b) Address 4052 Quincy Street.

17. (a) Burial (b) Date thereof March 18, 44.
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Mausoleum

18. (a) Signature of funeral director Ziegenfuss Bros.
 (b) Address 6409 Gravois Ave.

19. (a) MAR 20 1944 (b) E. G. McCarver, MO
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 96
 (a) State Missouri. (b) County 7
 (c) City or town Saint Louis Riverview Gardens
 (If outside city or town limits, write "RURAL")
 (d) Street No. 9983 Riverview Drive.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month March day 16th.
 year 1944. hour 7 minute 30 A. M.
 21. I hereby certify that I attended the deceased from Dec 13
 1913 to March 16, 1944
 that I last saw him alive on March 10, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death mitral regurgitation Duration 15 yrs
 Due to not known
 Due to _____

Other conditions Cardiac hypertrophy & arterio sclerosis
 (Include pregnancy within 3 months of death)
 Major findings: none PHYSICIAN _____
 Of operations none
 Of autopsy none gvlr
 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) none
 (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 type of place) (e) Means of injury _____

23. Signature N. J. Miller (M. D. or other) _____
 Address 8714 N. Broadway Date signed 3/17/44
St Louis, Mo.

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.....

W. Wilkinson

Licensed Embalmer No. 3575

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.