

V. S. No. 2
100M-5-43
Rev. 5-17-39
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#33725
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 1 1944
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

32341
State File No. _____
Registrar's No. 8947

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(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 - Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1mo-22days
(Specify whether _____)
In this community 50 years
(years, months or days)

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. 1702a No. 20th St.
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EMELIA GROS
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced, widow
6. (b) Name of husband or wife unknown-deceased
6. (c) Age of husband or wife if alive unk. years
7. Birth date of deceased March 19th, 1869
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 20th
year 1944 hour 1:20 minute _____ P. M.
21. I hereby certify that I attended the deceased from 9/6/44
_____, 19____, to Oct. 20th, 1944;
that I last saw her alive on Oct. 20th, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
75 7 1 hr. _____ min.

Immediate cause of death _____
Autocoronary: Corneo-Vascular Disease
Chronic Myocarditis
Atrial Fibrillation
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace France
(City, town, or county) (State or foreign country)
10. Usual occupation housewife

11. Industry or business _____
12. Name Unknown
13. Birthplace France
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace France
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Kalwa
(b) Address 1915a Madison St., St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 23rd, 1944
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Brochland and Co
(b) Address 1827 Hogan St.
19. (a) OCT 21 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

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) _____ (e) Means of injury _____
23. Signature M. B. Buehler (M. D. or other) _____
Address 1516 Lafayette Date signed 10/23/44

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

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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.....

Albert G. Hoppe
.....

Licensed Embalmer No: *2976*.....

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.