

**FILED** OCT 12 1945

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8641**

**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:  
DePaul Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo 15 days  
(Specify whether  
In this community life  
years, months or days)

**3. (a) PRINT FULL NAME** Emma Grote

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

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced W / 6. (c) Age of husband or wife if alive -- years

6. (b) Name of husband or wife August C Grote

7. Birth date of deceased December 13 1862  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>82</u>	<u>9</u>	<u>23</u>	hr. min.

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

10. Usual occupation Nil

11. Industry or business.....

**MOTHER FATHER**

12. Name Frederick Wm Hartman

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

14. Maiden name Wilhelmina Hohlt

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

16. (a) Informant Theodore Echterkamp  
(b) Address 1934 Hebert Street

17. (a) Burial (b) Date thereof October 9 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F H Inc  
(b) Address 1936 St Louis Avenue

19. (a) OCT 7 1945 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

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

(d) Street No. 4402 Clarence Ave  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 6  
year 1945 hour 1 minute 35 A. M.

21. I hereby certify that I attended the deceased from September 9, 1943 to Oct. 6, 1945  
that I last saw h. alive on Oct. 5, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardia

Due to Hypertension, repeated + genl Arterio sclerosis.

Due to.....

Duration 5 days

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.

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 John S. Sidor (M. D. or other) MD  
Address 2202 University St. Date signed 10/6/45

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

10  
17  
9

**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.