S. No. 2
OM—5-43
v. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 31 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18445

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4492

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: Firmin-Desloge (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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") 17
(d) Street No. 4417 Ashland Avenue (If rural, give location) 10 9
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ~~Grote, Dr. A.~~ Oscar A. Grote

3. (b) If veteran, name war World War #1

3. (c) Social Security No.

4. Sex M 1

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma M

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased August (Month) 24th. (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
66	8	22	hr. min.

9. Birthplace Hoyleton, Illinois (City, town, or county) (State or foreign country) 1
10. Usual occupation Dr. Of Medicine
11. Industry or business Medical Proffession
MOTHER FATHER
12. Name William Grote
13. Birthplace Illinois (City, town, or county) (State or foreign country) 1
14. Maiden name Mary Buhrmeister
15. Birthplace Germany (City, town, or county) (State or foreign country) 4
16. (a) Informant Mrs. O. A. Grote
(b) Address 4417 Ashland Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 20 (Day) 46 (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 ~~N. Broadway~~ Grand Ave
19. (a) MAY 30 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1946 hour 10 minute 35 P.M.

21. I hereby certify that I attended the deceased from May 1, 1946, to May 16, 1946, that I last saw him alive on May 16, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart failure, Myocardial infarction	
Due to: Coronary thrombosis	
Due to: Arteriosclerotic heart disease	
Other conditions (Include pregnancy within 3 months of death): Arteriosclerotic nephrosclerosis, Cholecystitis c cholelithiasis	
Major findings of operations	
Of autopsy: Generalized arteriosclerosis, myocardial infarction	

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? (Specify type of place)
While at work?
(e) Means of injury

23. Signature Paul J. Bettonville M. D.
Address 1236 Arlington Terrace Date signed 5/18/46

(Licensed Embalmer's Statement on Reverse Side)

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.....V E Morris.....

Licensed Embalmer No. 3360

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.