

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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18447**

Registration District No. **1318**

Primary Registration District No. **1003**

Registrar's No. **4220**

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

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:
3922a Lexington Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community..... **Life** (Specify whether 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..... **3922a Lexington Ave.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME..... **Helena Grupp**

3. (b) If veteran, name war..... **No**

3. (c) Social Security No..... **None**

4. Sex..... **Female** 5. Color or race..... **White**

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

6. (b) Name of husband or wife..... **William Grupp**

6. (c) Age of husband or wife if alive..... **66** years

7. Birth date of deceased..... **March 12, 1884**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

62 **63** **1** **26** hr. min.

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

10. Usual occupation..... **Housework**

11. Industry or business.....

MOTHER FATHER

12. Name..... **William Winnefeldt**

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

14. Maiden name..... **Unknown**

15. Birthplace..... **Unknown** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mr. William Grupp**

(b) Address..... **3922a Lexington Ave.**

17. (a) **Cremation** (b) Date thereof **May 11, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Valhalla Crematory**

18. (a) Signature of funeral director..... **Calvin F. Feutz Funeral Home**

(b) Address..... **4828 Natural Bridge Blvd.**

19. (a) **MAY 10 1946** (Date reported)
J. F. Medsker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **May** day..... **8th**
year..... **1946** hour..... **4:30** minute..... **P.** M.

21. I hereby certify that I attended the deceased from **Dec 10 1945**
~~May 8 1946~~ to **May 8 1946**
that I last saw him/her alive on **May 8 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Cerebral Hemorrhage**

Due to..... **Atherosclerosis**

Due to..... **none**

Other conditions..... **none**
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... **83**

Of autopsy.....

Duration

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) Means of injury..... **0**

23. Signature..... **Norban Biesch** (M. D. or other)

Address..... **2739 1/2 Tranel Ave** Date signed..... **7/10/46**

2739 N. Grand.
9-10-13.

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 John A. Mlinar
Licensed Embalmer No. 4186
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.