

No. 2
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-17-39
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DEPARTMENT OF COMMERCE,
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28211

FILED AUG 20 1946
Registration District No. 317

Primary Registration District No. 3068

State File No. _____
Registrar's No. 1668

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Maplewood
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 40 years (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME CHRISTIAN H GROSH
3. (b) If veteran, name war Spanish-American
3. (c) Social Security No. Denial

4. Sex Male **5. Color or race** White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elsie Grosh
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased July 13 1877
 (Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 28
 If less than one day _____ hr. _____ min.

9. Birthplace Mt Joy Penna
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Beer Bottler

11. Industry or business Anheuser-Busch Inc

MOTHER FATHER
12. Name Henry Grosh
13. Birthplace Unknown Penna
 (City, town, or county) (State or foreign country)
14. Maiden name Anna
15. Birthplace Mt Joy Penna
 (City, town, or county) (State or foreign country)

16. (a) Informant James Medart
(b) Address Park Plaza Hotel

17. (a) Burial (b) Date thereof Aug 12, 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Benick-Nichaus
(b) Address 1431 Union Blvd

19. (a) 8-13-46 (b) Edm. Gerant
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Maplewood
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3635 Manhattan
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9th
 year 1946 hour 10 45 minute _____ M.

21. I hereby certify that I attended the deceased from Aug 8-9-46
 1944 to 8-9-46 1946
 that I last saw him alive on 8-9-46
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
 Duration 24 hrs.
 Due to Syphilitic 20 yrs.
 Due to 30g

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 Helen S. Pruitt (M. D. or other) M.D.
Address 2139 N. Grand Date signed 8-10-46

OCT 7 1945

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 *Edward J. Schaefer*

Licensed Embalmer No. *2915*

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.