

S. No. 2
M-5-43
5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 12 1948

State File No. 28241
Registrar's No. 1838

Registration District No. 317

Primary Registration District No. 2002

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6410 Maple Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME George Grossheider

3. (b) If veteran, name war No

3. (c) Social Security No. 489-14-4007

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Barbara Grossheider

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

7. Birth date of deceased Nov 4 1869
(Month) (Day) (Year)

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

76 9 27 hr. min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name William Grossheider 7

13. Birthplace No Record 7
(City, town, or county) (State or foreign country)

14. Maiden name Louise Grosheider

15. Birthplace No Record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Barbara Grossheider

(b) Address 6410 Maple Ave

17. (a) Burial (b) Date thereof 8 6 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St Peter & Pauls

18. (a) Signature of funeral director Jos W Clark

(b) Address 1125 Hodigmont Ave

19. (a) 8-7-46 (b) Jm. Demark
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town University 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6410 Maple Ave 5
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3
year 1946 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from
1 JUNE 1, 1946, to AUG 3, 1946
that I last saw h. (M) alive on AUG 2, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC MYOCARDITIS 17A.

Due to _____ 93d

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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 0

23. Signature with seal (M. D. or other) M.D.

Address 1174 Hadison Date signed 8-8-46

Dr White

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 Alfred J. Boedeker
Licensed Embalmer No. #2663

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.