

FILED #62992
OCT 31 1946

1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 hrs
(Specify whether _____)
 In this community about 66 yrs
(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. 1803 N. Jefferson Ave
Memorial (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME HERMAN GROTE
 3. (b) If veteran, name war no 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25th
 year 1946 hour 2:55 minute A M.
 21. I hereby certify that I attended the deceased from 9/24/46
 _____, 19____, to Sept. 25th, 1946
 that I last saw him alive on Sept. 25th, 1946
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Clara Grote
 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased Jan. 13, 1876
(Month) (Day) (Year)

Immediate cause of death _____
Coronary Infarction of
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Duration _____

8. AGE: Years Months Days If less than one day
70 8 12 hr. _____ min.

9. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)
 10. Usual occupation Common Laborer

11. Industry or business _____
 12. Name Herman Grote
 13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Clara Grote
 (b) Address 1803 N. Jefferson Ave
 17. (a) burial (b) Date thereof 9-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New Bethlehem Cem

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? _____

18. (a) Signature of funeral director J. F. Predeck
 (b) Address 2228 St. Louis Ave
 19. (a) SEP 27 1946 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

23. Signature W. H. F. Gerner 1515 Lafayette 9/25/46
(Specify type of place) (M, D, or other) (Date signed)

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

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 Marie C. Cashin
Licensed Embalmer No. 3949
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.