

**FILED DEC 17 1946**  
**318**

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **10329**

**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:  
**Lutheran Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 days**  
(Specify whether  
In this community **lifetime**  
years, months or days)

**3. (a) PRINT FULL NAME Helen Emma Grosch**

3. (b) If veteran, name war **No**  
3. (c) Social Security No. **497-05-569A**

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **William Grosch**  
6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **August 12 1906**  
(Month) (Day) (Year)

8. AGE: Years **40** Months **3** Days **19**  
If less than one day hr. min.

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

10. Usual occupation **clerk**

11. Industry or business **Laclede Gas Light Co.**

12. Name **Louis Schmidt**

13. Birthplace **Columbia Illinois**  
(City, town, or county) (State or foreign country)

14. Maiden name **Irving Schuerman**

15. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm. Grosch**

(b) Address **2114 McLaran Ave**

17. (a) **Burial** (b) Date thereof **12/4/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Bethlehem Cemetery**

18. (a) Signature of funeral director **Suedmeyer & Sons**

(b) Address **3934 N. 20 Street**

19. (a) **DEC 2 1946** (b) **J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2114 McLaran Ave**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **No**

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Dec** day **1**  
year **1946** hour **11** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **June**  
19 **46** to **Dec** 19 **46**  
that I last saw h. **alive** on **Dec 1**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

**cause of lung** Duration **6 mo**

Due to **cause of cancer**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death) **45**

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 **A W Grant** (M. D. or other) **MD**

Address **3651 Grand** Date signed **12/3/46**

MOTHER, FATHER

G. M. Frank  
3651 Grand St. Sg.  
12-3

**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.....

*A. G. Smith*

Licensed Embalmer No. 3916

P. O. Address..... 3934 N. 20 S

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.