

S. No. 2
OM-543
v. 17-39
X36671

2563

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 541

FILED JAN 27 1947
Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:
DePaul Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
In this community 2 1/2 months
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 617

(d) Street No. 5751 Highland
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 9
If yes, name country _____

3. (a) PRINT FULL NAME RONALD J. GROTE

(b) If veteran, *** name war _____

(c) Social Security ***** No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16th
year 1947 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from 1 Jan
1947, to 16 Jan 1947.

that I last saw h. im alive on 16 Jan 1947
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 Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased October 22, 1946
(Month) (Day) (Year)

Immediate cause of death Thrombosis of lateral & sagittal sinuses.

Due to Septic Media

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>2</u>	<u>24</u>	hr. _____ min. _____

Due to Influenza

Other conditions Gastro-enteritis
(Include pregnancy within 3 months of death)
due to Influenza

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

10. Usual occupation _____

Major findings:
Of operations _____

Of autopsy Lateral & Sagittal sinuses thrombosis.

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Paul J. Grote

13. Birthplace St. Louis, Missouri

14. Maiden name Marian Henrietta Schroer

15. Birthplace St. Louis, Missouri

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? _____

16. (a) Informant Paul J. Grote

(b) Address 5751 Highland

17. (a) Burial (b) Date thereof 1-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director M. W. Brock
2117 East Grand Blvd.

(b) Address _____

19. (a) JAN 17 1947 (b) J. F. Bredesk
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Marlin C. Shoverman (M. D. or other) M.D.

Address 3633 N. Newstead Date signed 17 Jan 47

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..... *Frank A. Moore*

Licensed Embalmer No. *3041*

P. O. Address *2117 E. Grand*

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.