

S. No. 2
M-12.45
v. 5-17-39
I X47070

32205

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 18 1947

Registration District No. 870

Primary Registration District No. 3058

Registrar's No. 151

1. PLACE OF DEATH:

(a) County ST. CHARLES
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
715 Adams Street
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles 92
(c) City or town St. Charles 9
(If outside city or town limits, write "RURAL")
(d) Street No. 715 Adams Street 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Sophia Grote

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry Grote 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 10, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 3 13 hr. min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Herman Witte 4
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Julia Bollmann
(b) Address 715 Adams Str., St. Charles, Mo

17. (a) Burial (b) Date thereof Aug. 26, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery
18. (a) Signature of funeral director Haackmann - Paul
(b) Address 326 N. 6th Str., St. Charles, Mo

19. (a) 8/31/47 (b) Pauline Haackmann
(Date received local registrar) (Registrar's signature) 1911

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23
year 1947 hour 3 minute 40 P.M.

21. I hereby certify that I attended the deceased from 8-13, 1947, to 8-23, 1947
that I last saw her alive on 8-23, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY THROMBOSIS Duration 6 hrs.

Due to Generalized ARTERIOsclerotic CHANGES

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

Major findings: 94A
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? _____

(Specify type of place) _____
While at work? _____ (c) Means of injury _____
23. Signature Dr. J. J. Jansen (M. D. or other) MD
Address 114 N. Main St. Charles, Mo Date signed 8-26-47

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

Date Filed
SEP 17 1947
District File Number

RECEIVED
District Health Officer No. 9,

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.....

Arthur C. Lane

Licensed Embalmer No.....

2147

P. O. Address.....

St. Charles, 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.