No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

2569

FILED FEB 9 1948

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 728

WRITE PLAINLY—USING 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: Missouri Baptist Hospital
(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: 999

(a) State Indiana (b) County Vanderburgh 12

(c) City or town Evansville 8
(If outside city or town limits, write "RURAL")

(d) Street No. N.R. 2
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Donna L. Grote

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced None

6. (b) Name of husband or wife Edwin Grote

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased May (Month) 9 (Day) 1924 (Year)

8. AGE: Years 23 Months 8 Days 14 If less than one day hr. min.

9. Birthplace Columbus (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Lew Lamoine
13. Birthplace Kent (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Norma Coleman
15. Birthplace Cleveland (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Edwin Grote
(b) Address Evansville, Indiana

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation Evansville, Ind.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JAN 24 1948 (Date received local registrar) (b) J. F. Bradeak (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23
year 1948 hour 8 minute 23 A. M.

21. I hereby certify that I attended the deceased from
, 19, to January 23, 1948
that I last saw her alive on Janaury 22, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Aneurysm of Choroid Plexus

Due to 5/6

Due to

Other conditions Acute Edema of Lungs
(Include pregnancy within 3 months of death)

Major findings:
Of operations Same

Of autopsy Same

Duration

PHYSICIAN

Underline the cause of 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? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 4952 Maryland Avenue Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....R J W Wilkinson.....

Licensed Embalmer No.....3575.....

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.