No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 11 1948

Registration District No. 3487

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3305

Primary Registration District No. 3063

Registrar's No. 342

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: St. Louis County Farm
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Louis
(c) City or town: Lemay, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1717 Oregon
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Maynard, J. Grove
3. (b) If veteran, name war: WW 2
3. (c) Social Security No. 489-05-6374
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Irene
6. (c) Age of husband or wife if alive: 25 years
7. Birth date of deceased: May 2 (Month) (Day) 1916 (Year)

8. AGE: Years	Months	Days	If less than one day
31	9	2	hr. ..... min.

9. Birthplace: Minnesota
(City, town, or county) (State or foreign country)
10. Usual occupation: Electrican
11. Industry or business: Dunlap Meier Service

FATHER
12. Name: Joseph Grove
13. Birthplace: Minnesota
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mable Christensen
15. Birthplace: Minnesota
(City, town, or county) (State or foreign country)

16. (a) Informant: Irene Grove
(b) Address: 1717 Oregon
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 7, (Month) (Day) (Year)
(c) Place: burial or cremation: National Cemetery
18. (a) Signature of funeral director: Fendler Und. Co.
(b) Address: 7420 Michigan Ave.
19. (a) 2-4-48 (Date received local registrar) (b) Cecil A. Sharp M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4, year 1948 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....;
that I last saw h..... alive on ..... 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic heart disease	
Due to: Coronary artery thrombosis	
Due to: 9 3 2	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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: Wilbur S. Brown (M. D. or other) M.D.
Address: 601 Brentwood Date signed: Feb 5, 1948

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 13 1948

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 V E Morris

Licensed Embalmer No. 3360

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.