

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 22 1948
Registration District No. 317

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

725
11060
State File No. _____
Registrar's No. 725

Primary Registration District No. 6076

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

6000

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Ballwin
(c) Name of hospital or institution: Pine Crest Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year 6 months
In this community 1 year 6 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Montgomery
(c) City or town Rhineland
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anetta Grotewiel
3. (b) If veteran name war none
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 17
year 1948 hour 9 minute 35p.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Gerhardt Grotewiel
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased June 22 1848
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 1, 1948 to March 17, 1948;
that I last saw her alive on March 17, 1948;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
99 8 25 hr. min.

Immediate cause of death chronic myocarditis
Due to senility 93d
Due to _____

9. Birthplace ? Switzerland
(City, town, or county) (State or foreign country)
10. Usual occupation Retired house wife
At home

Other conditions arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

MOTHER FATHER {
11. Industry or business _____
12. Name Gottlieb Riebsaum
13. Birthplace ? Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace ? Switzerland
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Ruben Grotewiel
(b) Address Rhineland, Mo.
17. (a) Removal (b) Date thereof Mar. 19-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rhineland Evang. Cemetery
Schrader Funeral Home
18. (a) Signature of funeral director Schrader
(b) Address Ballwin, Mo.
19. (a) 3-17-48 (b) Carl A. [Signature]
(Date received local registrar) (Registrar's signature)

18. (a) Signature of funeral director Schrader
(b) Address Ballwin, Mo.
19. (a) 3-17-48 (b) Carl A. [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature B.R. Loving (M. D. or other) MD
Address Ballwin, Mo. Date signed 3-18-48

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 Harry F. Schrader

Licensed Embalmer No. 2091

P. O. Address Ballwin 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.