

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28428

FILED SEP 7 1948
Registration District No. 377

Primary Registration District No. 2002

Registrar's No. 2005

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7024 Forsythe Blvd
(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)

3: (a) PRINT FULL NAME Nicholas Andrew Grosjean

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married!

6. (b) Name of husband or wife Carolyn Grosjean 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased 10/21/1868
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 10 If less than one day hr. _____ min. _____

9. Birthplace Jerseyville Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Officer Manager
11. Industry or business Burkart Mfg Co

MOTHER FATHER
12. Name Nicholas A. Grosjean
13. Birthplace Alsace Lorraine France 5
(City, town, or county) (State or foreign country)
14. Maiden name Christine ?
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nicholas A Grosjean
(b) Address 7024 Forsythe Blvd

17. (a) Burial (b) Date thereof 9/3/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Robert J. Ambruster Inc.
(b) Address 6633 Clayton Road

19. (a) 9-2-48 (b) Beile Sharp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7024 Forsythe Blvd
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1st
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 14 - 46
Sept 1 1946 to Sept 1st 1948
that I last saw him alive on Sept 1st 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial nephritis

Due to _____

Due to 131a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence _____
(c) Where did injury occur? no
(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 Q

23. Signature R. A. Phanson (M. D. or other)
Address 3121 N. Grand Ave Date signed 9/1/48

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

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

875 2 13

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 Ernest W. Spillers

Licensed Embalmer No. 4080

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.