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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED JAN 11 1949

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 41491  
Registrar's No. 11228

Registration District No. 318

Primary Registration District No. 1003

WRITE PLAINLY—USE 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:  
City Hospital #1  
(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 \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1601a Tower Grove Ave  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edward W. Groves  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 26th  
year 1948 hour 11:00 minute P. M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Elsie Evans 6. (c) Age of husband or wife if alive 34 years  
7. Birth date of deceased: 8/25/1910  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
38 4 1 hr. \_\_\_\_\_ min.

Immediate cause of death Fracture of Skull  
Suprural Hemorrhage  
when the automobile he  
was pushing to start  
motor of same, knocked  
him to the ground at  
Bissell St 150 ft east of  
Blair Ave on Dec  
26 1948 at about 11:00 P.M.

9. Birthplace: St. Louis Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation: Machinist

11. Industry or business: Emerson Electric Co

MOTHER FATHER { 12. Name: Edward W. Groves  
13. Birthplace: Sligo Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name: Anna Mounte  
15. Birthplace: Salem Mo  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
26 1948 at about 11:00 P.M.  
Major findings:  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant: Victor Groves

(b) Address: 1529a McCausland Ave

17. (a) Burial (b) Date thereof: 12/29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Laurel Hill Cemetery

18. (a) Signature of funeral director: Robert J. Ambruster Inc

(b) Address: 6633 Clayton Road

19. (a) DEC 28 1948 (b) J. B. Lassiter  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence: Dec. 26 1948  
(c) Where did injury occur? St. Louis Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In public place  
(Specify type of place)

White or work no (Specify type of work)  
(a) Means of injury see above  
23. Signature: John W. Dwyer (M. D. or other)  
Address: \_\_\_\_\_ Date signed: 12/28/48

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**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.**