S. No. 300
v. 10.48

FILED APR 4 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

11487

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 760

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Venita Park
c. LENGTH OF STAY (in this place) Unk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 8307 Eads

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Venita Park
d. STREET ADDRESS (If rural, give location) 8307 Eads

3. NAME OF DECEASED (Type or Print)
a. (First) Emily
b. (Middle) W.
c. (Last) Grote

4. DATE OF DEATH (Month) (Day) (Year) 3-22-50

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowe
8. DATE OF BIRTH July 2, 1887
9. AGE (In years last birthday) 62 — IF UNDER 1 YEAR: Months, Days — IF UNDER 1 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Asst.
10b. KIND OF BUSINESS OR INDUSTRY Laundry Bussiness
11. BIRTHPLACE (State or foreign country) UNKNOWN
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME George Quebbemann
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE Wm. Grote
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) Nil
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME William Zaritz — **ADDRESS** 8307 Eads

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH 6 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) —

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Severe Intestinal Adhesions — 2 yrs

19a. DATE OF OPERATION 1/30/50
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Liver & Intestinal Adhesions
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 156 (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/30, 1950, to 3/22, 1950, that I last saw the deceased alive on 3/21, 1950, and that death occurred at 3:30 a m., from the causes and on the date stated above.

23a. SIGNATURE Cleveland Schmidt (Degree or title) M.D.
23b. ADDRESS 220-N-4th St. Louis-2-Mo
23c. DATE SIGNED 3/22/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-24-50
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
24d. LOCATION (City, town, or county) Normandy, Missouri (State)

DATE REC'D BY LOCAL REG. 3-22-50
REGISTRAR'S SIGNATURE Herbert R. Combe M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe **ADDRESS** 4700 Washington

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Elmo R. Cadwell

Signed.....
Student Embalmer

Licensed Embalmer No. 4077

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.