

S. 10-000
v. 10-48

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14577
State File No. 3124

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>1 wk.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ferguson</u>		4111	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Reese Home for Aged</u>				d. STREET ADDRESS (If rural, give location) <u>11 Patricia Dr.</u>			
3. NAME OF DECEASED (Type or Print) <u>Cecelia</u>		a. (First, Middle) <u>Bill Temple Ph.</u>		c. (Last) <u>Groppe</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 2, 1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 12, 1860</u>	
9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR <u>7</u> Months		IF UNDER 24 HRS. <u>20</u> Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Nodaway Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John C. Irwin</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Stuart</u>		14. NAME OF HUSBAND OR WIFE <u>Peter Groppe</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert H. Groppe Ferguson, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u> ANTECEDENT CAUSES <u>Chronic Myocarditis</u> Morbidity conditions, if any, giving rise to the above include (a) starting the underlying cause just before death. <u>Fract. of hip</u> DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Fract. of hip</u> II. OTHER SIGNIFICANT CONDITIONS <u>Semifixed arteriosclerosis</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>18 hrs.</u>	
19a. DATE OF OPERATION <u>3/5/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fract. of hip</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Fall</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ferguson Mo. Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar 14 1950 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall in home 59030X</u>			
22. I hereby certify that I attended the deceased from <u>3/4</u> , 19 <u>50</u> , to <u>4/2</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4/1</u> , 19 <u>50</u> , and that death occurred at <u>1:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>La. C. Hughes M.D.</u>				23b. ADDRESS <u>Ferguson Mo.</u>		23c. DATE SIGNED <u>4/3/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/2/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Myrtle Tree Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Maryville, Missouri</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>APR 3 1950 J. B. Facator</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Ferguson, Mo.</u>			

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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed R. M. White

Licensed Embalmer No. 3973

P. O. Address Herguson, 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.