

FILED OCT 18 1950

STANDARD CERTIFICATE OF DEATH

State File No. 34851

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8260

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis
 c. LENGTH OF STAY (in this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION 1849 Mullanphy St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri
 b. COUNTY _____
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
 d. STREET ADDRESS (If rural, give location) 1849 Mullanphy St

3. NAME OF DECEASED
 a. (First) Herman
 b. (Middle) _____
 c. (Last) Groth

4. DATE OF DEATH (Month) (Day) (Year)
9 30 1950

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Apr. 18-1866

9. AGE (In years last birthday) 84
 IF UNDER 1 YEAR: Months _____ Days _____
 IF UNDER 1 WK. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME unknown

13b. MOTHER'S MAIDEN NAME Margaret Moeller

14. NAME OF HUSBAND OR WIFE late Louise Groth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE AND ADDRESS
Walter A. Groth 1849 Mullanphy St

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Coronary thrombosis
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

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) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? H2O!

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:15 A m., from the causes and on the date stated above.

23a. SIGNATURE Joseph M. Quenier D.C.

23b. ADDRESS 1500 Clark

23c. DATE SIGNED 10. 4. 50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10-2-1950

24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemtery

24d. LOCATION (City, town, or county) (State) St. Louis Mo

DATE REC'D BY LOCAL REG. OCT 1 1950

REGISTRAR'S SIGNATURE J. H. Hoater

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS
Leidner U. 2223 St. Louis Ave.

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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Gay W. Wilbur

Licensed Embalmer No. 3575

P. O. Address St. Louis 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.