

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

State File No. 10153
2726

1003 Registrar's No.

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 _____ b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (In this place or town) <u>9 Yrs. Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo.</u>		2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Infirmiry Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>5237 Tennessee Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Isabelle</u>		b. (Middle) _____		c. (Last) <u>Groves</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 22, 1951.</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Feb. 12, 1879</u>	
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 6 WRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Stephen Groves</u>			13b. MOTHER'S MAIDEN NAME <u>Caroline Zeller</u>			14. NAME OF HUSBAND OR WIFE <u>non</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Stephen Groves 5237 Tennessee</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>Organic Brain Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterioocclusion</u> 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 <u>15+ years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H370</u>			
22. I hereby certify that I attended the deceased from <u>Sept. 1, 1951</u> , to <u>March 22, 1951</u> , that I last saw the deceased alive on <u>March 22, 1951</u> , and that death occurred at <u>12:15P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>George M. Tanaka, M.D.</u> (Degree or title)				23b. ADDRESS <u>5600 Arsenal Street.</u>		23c. DATE SIGNED <u>3-22-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-24-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Matthews Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>MAR 23 1951</u> <u>J.B. Lancaster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Southern Funeral Home 6322 S. Grand Blvd.</u>					

(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

David Van Gerson

Signed.....
Student Embalmer

Licensed Embalmer No. *4742*

P. O. Address. *6322 St Grand*

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.