

FILED JUL 5 - 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21072

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY <b>St Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Warren</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Charles</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Wright City</b>	
c. LENGTH OF STAY (in this place) <b>3 Days</b>		1090	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Joseph Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b> b. (Middle) <b>Herman</b> c. (Last) <b>Groeneman</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 26 1951</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan 23 1872</b>
9. AGE (In years last birthday): <b>79</b>		Months <b>5</b> Days <b>3</b>	IF UNDER 18 yrs. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>	11. BIRTHPLACE (State or foreign country) <b>St Charles Co</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Louis Groeneman</b>		13b. MOTHER'S MAIDEN NAME <b>Gausman</b>	
14. NAME OF HUSBAND OR WIFE <b>Emma Groeneman</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>492-20-4165</b>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Emma Groeneman Wright City MO</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>  ANTECEDENT CAUSES Arteriosclerotic Heart disease DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Advanced Arteriosclerosis DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4/200</b>	
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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>6-22</b> , 19 <b>51</b> , to <b>6-26</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>6-25</b> , 19 <b>51</b> , and that death occurred at <b>2:20 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Dr. F. W. ...</b>		23b. ADDRESS <b>714 W. Main St. Charles Mo</b>	23c. DATE SIGNED <b>26 June 51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>June 28 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St Johns Evan Cem</b>	24d. LOCATION (City, town, or county) (State) <b>St Charles MO.</b>
DATE REC'D BY LOCAL REG. <b>6-26-51</b>	REGISTRAR'S SIGNATURE <b>Frank ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Nieburg Furn &amp; Und CO Wright City MO</b>	

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD.

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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

JUL - 2 1951

RECEIVED

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.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed

*Julius J. Nieburg*  
3366

Licensed Embalmer No.....

P. O. Address *Wright City, 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.