

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

0791

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

BIRTH NO. _____		REG. DIST. NO. <b>273</b>		PRIMARY REG. DIST. NO. <b>3051</b>		Registrar's No. <b>29</b>		
1. PLACE OF DEATH a. COUNTY <b>PERRY</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>STE. GENEVIEVE</b>				
b. CITY OR TOWN <b>PERRYVILLE</b>		c. LENGTH OF STAY (In this place) <b>5 Days</b>		c. CITY OR TOWN <b>STE. GENEVIEVE</b>		0951		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>PERRY CO MEMORIAL HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>1034 MAPLE DRIVE</b>				
3. NAME OF DECEASED a. (First) <b>HENRY</b>			b. (Middle) <b>LEO</b>		c. (Last) <b>GRASS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 23 1952</b>	
5. SEX <b>0</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>DEC 16 1890</b>		9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LIME KILN FIREMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>LIME MANUFACTURING</b>		11. BIRTHPLACE (State or foreign country) <b>ZELL MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>XAVIER GRASS</b>			13b. MOTHER'S MAIDEN NAME <b>SOPHIA SCHMIDT</b>		14. NAME OF HUSBAND OR WIFE <b>MARY K. ROTH</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY (NO) <b>492-10-9852</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mary K. Roth Ste. Genevieve Mo</b> ADDRESS _____				
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) <b>Bronchitis (bilateral)</b> INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) <b>Epilepsy etiol unknown</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>arterio sclerosis generalized</b> 28 yrs. walkdown						
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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <b>Nov 1, 1951</b> , to <b>23 March, 1952</b> , that I last saw the deceased alive on <b>23 March, 1952</b> , and that death occurred at <b>545 m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Joseph T. Lutkewitte (MD)</b>				23b. ADDRESS <b>St. Marys Mo</b>		23c. DATE SIGNED <b>24 March 52</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MAR. 23 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>VALLE SPRING</b>		24d. LOCATION (City, town, or county) (State) <b>STE. GENEVIEVE MO</b>		
DATE REC'D BY LOCAL REG. <b>3-25-52</b>		REGISTRAR'S SIGNATURE <b>Joe Joellner</b>		25. FUMERAL DIRECTOR'S SIGNATURE <b>Leo Busch Ste. Genevieve Mo</b>		ADDRESS _____		

APR 23 1957

MAY 8 1952

MAY 12 1957

**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 Adrian J. Ehler

Licensed Embalmer No. 4740

P. O. Address Ste Genevieve, 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.