

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9545**

**FILED** APR 15 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **70**

723  
0

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

1. PLACE OF DEATH a. COUNTY <b>St Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>St Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Charles</b>		c. LENGTH OF STAY (in this place) <b>9 weeks</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Josephs HOSPITAL</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Faint Hill 0920</b>	
		d. STREET ADDRESS (If rural, give location) <b>1</b>	

3. NAME OF DECEASED (Type or Print) <b>William Grothe</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Apr 1 1952</b>		
a. (First)	b. (Middle)	c. (Last)	A. DATE OF BIRTH	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>9</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 9-1875</b>	IF UNDER 1 YEAR Days <b>23</b>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (State or foreign country) <b>Josephville MO</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Antone Grothe</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Stalman</b>		14. NAME OF HUSBAND OR WIFE <b>Gertrude Boehmer</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>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Francis Grothe</b> ADDRESS <b>3148 Olive St St Louis MO</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>4 mo</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma right lung</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) _____			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Generalized arteriosclerosis</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>163X</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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	

22. I hereby certify that I attended the deceased from **Feb 1**, 19**52** to **April 1**, 19**52**, that I last saw the deceased alive on **Apr 1**, 19**52**, and that death occurred at **55** hrs., from the causes and on the date stated above.

23a. SIGNATURE <b>Vincent A. Schmitter</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>St Charles Mo</b>		23c. DATE SIGNED <b>4/4/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Apr 4-1952</b>		24c. NAME OF CEMETERY <b>St Theodor's</b>	
DATE REC'D BY LOCAL REG. <b>4-4-52</b>		REGISTRAR'S SIGNATURE <b>Francis Grothe</b>		24d. LOCATION (City, town, or county) (State) <b>Faint Hill MO</b>	
		25. FUNERAL DIRECTOR'S SIGNATURE <b>T. C. Peterson</b>		ADDRESS <b>Funeral Home Meritville MO</b>	

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

*Annotta M. Titman*

Licensed Embalmer No. 3055

P. O. Address Westville

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.