

No. 300  
10. 48

FILED MAR 20 1952

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **10938**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3063** Registrar's No. **713**

**1. PLACE OF DEATH**  
 a. COUNTY **ST. Louis**  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Chayton**  
 c. LENGTH OF STAY (in this place) \_\_\_\_\_  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis Co. Hospital**

**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 **Lemay 4870**  
 d. STREET ADDRESS (If rural, give location) **330 Lenhardt**

**3. NAME OF DECEASED**  
 a. (First) **ROSE** b. (Middle) **L** c. (Last) **NELSON**

**4. DATE OF DEATH** (Month) (Day) (Year)  
**MAR. 15 1952**

**5. SEX** **Female**

**6. COLOR OR RACE** **White**

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify)  
**Widowed**

**8. DATE OF BIRTH**  
**Jan 13 1883**

**9. AGE** (In years last birthday) **69**  
 # UNDER 1 YEAR \_\_\_\_\_ # UNDER 1 YEAR Days \_\_\_\_\_ # UNDER 1 YEAR Hours \_\_\_\_\_ # UNDER 1 YEAR Min. \_\_\_\_\_

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired)  
**Housewife**

**10b. KIND OF BUSINESS OR INDUSTRY**  
**AT HOME**

**11. BIRTHPLACE** (State or foreign country)  
**Brookfield, Missouri**

**12. CITIZEN OF WHAT COUNTRY?**  
**U**

**13a. FATHER'S NAME**  
**Charles Grotian**

**13b. MOTHER'S MAIDEN NAME**  
**Susan Bosley**

**14. NAME OF HUSBAND OR WIFE**  
**Albert L. (deceased)**

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

**16. SOCIAL SECURITY NO.**  
**-**

**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS  
**Ruth O'Neil Desoto Hotel, St. Louis**

**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) **Adeno carcinoma of uterus**  
**ANTECEDENT CAUSES**  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_  
**II. OTHER SIGNIFICANT CONDITIONS**  
 Conditions contributing to the death but not related to the disease or condition causing death.  
**Recto. vaginal fistula due to radium**

**INTERVAL BETWEEN ONSET AND DEATH**  
**174XF**

**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) \_\_\_\_\_ m.

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

**21f. HOW DID INJURY OCCUR?**

**22. I hereby certify that I attended the deceased from 3-11-, 1952, to 3-15-, 1952, that I last saw the deceased alive on 3-15-, 1952, and that death occurred at 10:30 p. m., from the causes and on the date stated above.**

**23a. SIGNATURE** (Degree or title)  
**George R. Kistner MD**

**23b. ADDRESS**  
**601 S. Brentwood, Chayton, Mo.**

**23c. DATE SIGNED**  
**2-16-52**

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

**24b. DATE**  
**May 19 1952**

**24c. NAME OF CEMETERY OR CREMATORY**  
**Hiram Park**

**24d. LOCATION (City, town, or county) (State)**  
**Mason & Olive St. Road St. Louis**

**DATE REC'D BY LOCAL REG.**  
**3-17-52**

**REGISTRAR'S SIGNATURE**  
**Herbert R. Donke MD**

**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS  
**C. Hoffmeister 19200 N. 480 Broadway St. Louis**

(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.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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.

WRITE PLAINLY—USING UNFADING INK

etc. It means the disease, injury, or complication which caused death.		the underlying cause last.		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			20. AUTOPSY? YES <input 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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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 <u>10.10 Pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE		(Degree or title)		23b. ADDRESS	
				23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 19, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hiram Park Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Mason &amp; Olive St. Road</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE 		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister U. &amp; L. Co.</u> <u>781 1/2 S. Broadway</u>	
				ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Student Embalmer

Signed

*Levin C Hoffmeister*

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.