

APR 25 1952

STANDARD CERTIFICATE OF DEATH

State File No. **14319**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3452**

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give town(ship))
 OR
St. Louis
 c. LENGTH OF STAY (in this place) Years _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
308 Clara Ave.

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 town(ship))
 OR
St. Louis **2129**
 d. STREET ADDRESS (If rural, give location)
308 Clara Ave.

3. NAME OF DECEASED
 (Type or Print) a. (First) **HAROLD** b. (Middle) **WILLIAM** c. (Last) **GROVES**

4. DATE OF DEATH (Month) (Day) (Year)
4 10 1952

5. SEX **Male** **0**
6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married /

8. DATE OF BIRTH
2/7/1883

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
69 2 3

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

10b. KIND OF BUSINESS OR INDUSTRY
M. A. C.

11. BIRTHPLACE (State or foreign country)
St. Louis

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
John Newton Campbell Groves

13b. MOTHER'S MAIDEN NAME
Caroline Hagabush

14. NAME OF HUSBAND OR WIFE
Ethel Alice Harris

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

16. SOCIAL SECURITY NO.
488-01-7929

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Pomeroy H. Groves 308 Clara Ave

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma of Lung**
 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.

INTERVAL BETWEEN ONSET AND DEATH
2 1/2 yrs

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) (Min.)

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

21f. HOW DID INJURY OCCUR?
162X

22. I hereby certify that I attended the deceased from Jan 2, 1949, to 4/10/52, 19, that I last saw the deceased alive on 4/10/52, 19, and that death occurred at 10:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
W. E. Jones M. D.

23b. ADDRESS
4500 Olive St.

23c. DATE SIGNED
4/11/52

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

24b. DATE
4/14/52

24c. NAME OF CEMETERY OR CREMATORY
Valhalla Cemetery

24d. LOCATION (City, town, or county) (State)
St. Louis County Missouri

DATE REC'D BY LOCAL REG.
APR 12 1952

REGISTRAR'S SIGNATURE
J. Earl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Ambruster Mortuary 6633 Clayton Road

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 _____

Ernest W. Spiller

Signed.....

Student Embalmer

Licensed Embalmer No. *14080*

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.