

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15744**  
Registrar's No. **3705**

FILED APR 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1008**

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

<b>1. PLACE OF DEATH</b> a. COUNTY _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY OR TOWN <b>St. Louis, Missouri</b>	c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN <b>St. Louis</b> <b>2089</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>		STREET ADDRESS (If rural, give location) <b>8721 Halls Ferry Road</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) <b>AUGUSTA</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>APRIL 7, 1953</b>
a. (First)	b. (Middle)	c. (Last) <b>GROSSE</b>	
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>WIDOW</b>	<b>8. DATE OF BIRTH</b> <b>Jan. 17, 1871</b>
<b>9. AGE</b> (In years last birthday) <b>82</b>	<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis, Missouri</b>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	<b>13a. FATHER'S NAME</b> <b>Martin Kohrs</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Gescha</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Otto</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>-</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Walter Meyer</b> <b>ADDRESS</b> <b>8721 Halls Ferry Road</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (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.		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Chronic Brain Syndrome due to CAS</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Motor aphasia</b>			
<b>19a. DATE OF OPERATION</b> <b>12-18-50</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>Subtrochanteric fracture of left hip</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> _____ <b>(COUNTY)</b> _____ <b>(STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>334X</b>	
<b>22. I hereby certify that I attended the deceased from</b> <b>7-8-50</b> , 19____, <b>to</b> <b>4-7-53</b> , 19____, <b>that I last saw the deceased alive on</b> <b>4-7-53</b> , 19____, <b>and that death occurred at</b> <b>10:30am.</b> , <b>from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <b>W. R. Owen M.D.</b> (Degree or title)		<b>23b. ADDRESS</b> <b>1515 Lafayette Avenue</b>	<b>23c. DATE SIGNED</b> <b>4-8-53</b>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>	<b>24b. DATE</b> <b>April 9, 1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>St. Peters</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St Louis County Missouri</b>
<b>DATE REC'D BY</b> <b>APR 8 1953</b>	<b>REGISTRAR'S SIGNATURE</b> <b>J. Carl Smith</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Beiderwieden F.H. Inc., 1936 St Louis Ave.</b> <b>ADDRESS</b>	

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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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.