

STANDARD CERTIFICATE OF DEATH

State File No. **16519**

FILED APR 29 1953

BIRTH NO. **4768** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **1100**

4005  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>St. Louis</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 (If outside corporate limits, write RURAL and give township) <b>Richmond Heights</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Ozora</b>	
c. LENGTH OF STAY (In this place) <b>26 days</b>		d. STREET ADDRESS (If rural, give location) <b>None</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>			
3. NAME OF DECEASED a. (First) <b>John</b> b. (Middle) <b>Valentine</b> c. (Last) <b>Grither</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 15, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Jan. 2, 1953</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR <b>5</b> Months <b>13</b> Days IF UNDER 4 HRS. Min.
11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>Andrew Grither</b>	13b. MOTHER'S MAIDEN NAME <b>Dorothy Otte</b>	14. NAME OF HUSBAND OR WIFE <b>None</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>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Andrew Grither, Ozora, Mo.</b>

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac failure</b>		<b>1 hr.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Congenital Heart Disease</b> DUE TO (c) <b>- embolism</b>		<b>2 1/2 mths</b>
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 <b>7:54</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 **March 19, 1953**, to **April 15, 1953**, that I last saw the deceased alive on **4-14**, 1953, and that death occurred at **8:25 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Chester P. Lynch M.D.</b>	23b. ADDRESS <b>3209 S. Grand</b>	23c. DATE SIGNED <b>4-15-53</b>
24a. BURIAL, CREMATION REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>4-17-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ste. Genevieve, Mo.</b>
24d. LOCATION (City, town, or county) (State)		

DATE REC'D BY LOCAL REG. <b>4-17-53</b>	REGISTRAR'S SIGNATURE <b>Huckel R. Domb-M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>
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APR 30 1953

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.

Signed.....  
Student Embalmer

Student Embalmer No. ....

Signed

*Robert M. Murray*

Licensed Embalmer No. 3749

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 this body is not embalmed, fact should be so stated above.