

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19446**
5189

FILED JUN 4 1953

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 6048 Harney Avenue.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6048 Harney Avenue.			d. STREET ADDRESS (If rural, give location) 6048 Harney Avenue.			
3. NAME OF DECEASED (Type or Print) a. (First) Frances b. (Middle) M. c. (Last) Grote			4. DATE OF DEATH (Month) (Day) (Year) May 22, 1953			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 9, 1859	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unemployed		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Theodore Twillenmeier		13b. MOTHER'S MAIDEN NAME Anna Riepenkroeger		14. NAME OF HUSBAND OR WIFE Henry Grote deceased		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Margaret Thomas 6048 Harney			
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Cap. Throm ANTEPARTUM CAUSES DUE TO (b) Coronary Thrombosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS			INTERVAL BETWEEN ONSET AND DEATH 4-5-10
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building) Outside Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) E9040			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4:55 PM Jan 1953		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell in front of home 21			
22. I hereby certify that I attended the deceased from 4-5-10 , 19 53 , to 5-22 , 19 53 , that I last saw the deceased alive on 4-11 , 19 53 , and that death occurred at 4:55 p.m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) Centr			23b. ADDRESS 5329 Riverview		23c. DATE SIGNED 5/23/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/28/53	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
DATE REC'D BY LOCAL REG. MAY 23 1953		REGISTRAR'S SIGNATURE Charles Smith MD	25. FUNERAL HOME Centr	25. FUNERAL HOME CENTRAL FUNERAL HOME 5541 RIVERVIEW BLVD.		

(Licensed Embalmer's Statement on Reverse Side) ST. LOUIS 20, MO

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

[Handwritten Signature]
Licensed Embalmer No. 436
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.