

FILED JUN 10 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19447**  
**5321**

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Ill</b> COUNTY <b>Monroe</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Road Dist. 5<sup>th</sup></b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Firmen Desloge</b>		d. STREET ADDRESS (If rural, give location) <b>Columbia, Rural Route 2</b>	

3. NAME OF DECEASED (Type or Print), a. (First) <b>ESTHER</b> b. (Middle) <b>(Whitley)</b> c. (Last) <b>GROSSE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 25 1953</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>Nov. 24, 1909</b>	9. AGE (In years last birthday) <b>43</b>	IF UNDER 1 YEAR Months Days	IF UNDER 100 Hrs. Hours Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Monroe County Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Charles Grosse</b>	13b. MOTHER'S MAIDEN NAME <b>Rena Mathaus</b>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. <b>unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Adolf Grosse</b>	ADDRESS _____
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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, asthenia, 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>Metastatic carcinoma of both lungs - Rt. femur and Rt. humerus.</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of breast Rt. removed four years ago.</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 _____	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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) _____
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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 <b>170X</b>
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22. I hereby certify that I attended the deceased from April 3, 1953, to May 25, 1953, that I last saw the deceased alive on May 25, 1953, and that death occurred at 12:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE <b>Andrew Luk no.</b>	(Degree or title) _____	23b. ADDRESS <b>1325 S. Grand, St. Louis, Mo.</b>	23c. DATE SIGNED <b>5-27-53</b>
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24a. REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>5/27/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Paul</b>	24d. LOCATION (City, town, or county) (State) <b>Columbia Monroe Co. Ill</b>
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DATE REC'D BY LOCAL REG. <b>MAY 27 1953</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Josephine Schmitt</b>	ADDRESS <b>Columbia</b>
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**G.B.** (Licensed Embalmer's Statement on Reverse Side)

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

