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FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23801

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6570

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1294 Amhurst

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: 2059
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 0
d. STREET ADDRESS (If rural, give location): 5 1294 Amhurst

3. NAME OF DECEASED (Type or Print)
a. (First): Frances
b. (Middle): L.
c. (Last): Grossheider

4. DATE OF DEATH (Month) 7 (Day) 29 (Year) 55

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 11/30/1890
9. AGE (In years last birthday): 64 — 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): Housework At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): St. Louis Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Chas. W. Amerman
13b. MOTHER'S MAIDEN NAME: Martha Hill
14. NAME OF HUSBAND OR WIFE: Urban Grossheider

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 492-24-8488
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: James Mareschal 1125 Hodiamont

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF STOMACH — INTERVAL BETWEEN ONSET AND DEATH: LMS

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.

19a. DATE OF OPERATION: 5-1-55
19b. MAJOR FINDINGS OF OPERATION: CARCINOMA OF STOMACH 151X
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-11, 1955, *to* 7-29, 1955, *that I last saw the deceased alive on* 7-28, 1955, *and that death occurred at* 11:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Orville O. [illegible] M.D.
23b. ADDRESS: 1194 Hodiamont Ave
23c. DATE SIGNED: 7-29-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8/1/55
24c. NAME OF CEMETERY OR CREMATORY: St. Peters Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

DATE REC'D BY LOCAL REG.: JUL 30 1955
REGISTRAR'S SIGNATURE: J. Carl Smith M.D. MDB
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Jos. W. Clark 1125 Hodiamont

(Licensed Embalmer's Statement on Reverse Side)

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

Statement of Licensed Embalmer

I hereby certify that the body whose name is recorded on the reverse of this certificate was embalmed by me, or by----------

working under my personal Supervision. Student embalmer No.-----

Student.....

Signed: Alfred F. Boedeke

Licensed Embalmer No. 2663.....

P.O.Adress 1725 Hodiamon