No. 300
10.48

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# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 19189

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1291

**1. PLACE OF DEATH**
a. COUNTY: ST. LOUIS COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RIVERVIEW GARDENS
c. LENGTH OF STAY (in this place): 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 10055 DIAMOND DRIVE

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN: RIVERVIEW GARDENS 4010 0
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 10055 DIAMOND DRIVE

**3. NAME OF DECEASED** (Type or Print)
a. (First): GUSTAVE
b. (Middle): G
c. (Last): GROTE

**4. DATE OF DEATH** (Month) (Day) (Year): MAY 25 1956

**5. SEX**: M 0
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED
**8. DATE OF BIRTH**: JANUARY 27, 1881
**9. AGE** (In years last birthday): 75 — IF UNDER 1 YEAR Months: 3 Days: 29 — IF UNDER 24 HRS. Hours: Min.:

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Salesman
**10b. KIND OF BUSINESS OR INDUSTRY**: Commission Business
**11. BIRTHPLACE** (City and State or Foreign Country): St. Louis, Mo. 0
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: August Grote
**13b. MOTHER'S MAIDEN NAME**: Wilhelmina Wittler
**14. NAME OF HUSBAND OR WIFE**: MRS. MARGARET GROTE

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): No.
**16. SOCIAL SECURITY NO.**: 493-10-4661
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: MRS. MARGARET GROTE 10055 DIAMOND DRIVE

**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: 2 yr.

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**
**19b. MAJOR FINDINGS OF OPERATION**: 151X
**20. AUTOPSY?** YES [ ] NO [X]

**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* 8/12, 1953, *to* 5/24, 1956, *that I last saw the deceased alive on* 5/24, 1956, *and that death occurred at* 7 15 *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): A. Salit D.O. 2
**23b. ADDRESS**: 10011 BELLEFONTAINE RD.
**23c. DATE SIGNED**: MAY 25 1956

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: May 28, 1956
**24c. NAME OF CEMETERY OR CREMATORY**: St. Paul's Church Yard
**24d. LOCATION** (City, town, or county) (State): St. Louis County, Mo.

**DATE REC'D BY LOCAL REG.**: 5-28-56
**REGISTRAR'S SIGNATURE**: Herbert R. Domhimp
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: BEIDERWIEDEN F H INC. 1936 ST. LOUIS AVE.

(Licensed Embalmer's Statement on Reverse Side)

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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....34

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.