

FILED DEC 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43116**

10535

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 MO b. COUNTY _____		
b. CITY OR TOWN ST. LOUIS, MO		c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) 14 Yr		e. STREET ADDRESS (If rural, give location) 2818 So 59th Street		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHNS HOSPITAL		3. NAME OF DECEASED a. (First) RICHARD b. (Middle) A. c. (Last) GROESCHEL		
4. DATE OF DEATH 11-17-1956		5. SEX MALE		
6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH NOV 18, 1874
9. AGE (In years last birthday) 81		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) CABINET MAKER		10b. KIND OF BUSINESS OR INDUSTRY CABINET MAKING		11. BIRTHPLACE (City and State or Foreign Country) DRESDEN, GERMANY
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME HERMAN ERNST GROESCHEL		13b. MOTHER'S MAIDEN NAME ANNA P. MINGRAM
14. NAME OF HUSBAND OR WIFE ISABEL GROESCHEL (DECEASED)		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. NONE
17. INFORMANT'S SIGNATURE OR NAME Mrs. ELSA Rodgers 6908 Raymond		ADDRESS _____		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anterior septal infarct of heart ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary infarct (left lobe) & Broncho pneumonia		INTERVAL BETWEEN ONSET AND DEATH Years
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 420-0		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 Oct. 27, 1957 , to Nov. 17, 1956 , that I last saw the deceased alive on Nov. 17, 1956 , and that death occurred at 5:25 A.M. , from the causes and on the date stated above.				
23a. SIGNATURE John J. Fort		(Degree or title) R. D.		23b. ADDRESS 4703 Carter St. St. Louis
23c. DATE SIGNED 11-19-56				
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 11-20-1956		24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PARK
24d. LOCATION (City, town, or county) (State) ST. LOUIS, COUNTY MO				
DATE REC'D BY LOCAL REG. NOV 19 1956		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Howard Michel
				ADDRESS 5930 Southview

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

1951

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.....
Signature of Student Embalmer

Signed *Hadley J Koeller Jr.*.....
Licensed Embalmer No. *7950*
P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.