

Health,
& Welfare
Public
Service

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 27 1957

STANDARD CERTIFICATE OF DEATH

9938

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2388

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, give TOWNSHIP only) OR TOWN St. Louis, Missouri.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 32 St. Lukes Hospital.		Length of stay in 1b 2 1/2	d. STREET ADDRESS #530 (If outside, give location) #530 Union Bld.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last DORIS MAY GRUPP BOHN.			4. DATE OF DEATH Month Day Year March 8, 1957.		
5. SEX Female.	6. COLOR OR RACE White.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 22, 1902.	9. AGE (In years last birthday) 54.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home.. Retired..	10b. KIND OF BUSINESS OR INDUSTRY Former nurse Drs. Ass'tant.	11. BIRTHPLACE (City and state or country) London, England.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
13. FATHER'S NAME Karl A. Grupp			14. MOTHER'S MAIDEN NAME Elizabeth H. Elliott		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No none		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Mrs. Gladys E. Tremain 2901 Big Bend Rd.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Poison</i>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b)
					DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Self administered in Home</i>				
20c. TIME OF INJURY Hour a. m. p. m. <i>8 8 57</i>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <i>St. Louis Mo.</i>	20g. COUNTY	20h. STATE		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>12:00 Noon</i> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>James M. Seely</i> (Degree of title) <i>3</i>			22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>3-9-57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	23b. DATE <i>March 11, 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Missouri.</i>		
24. FUNERAL DIRECTOR ADDRESS <i>C.R. Lupton and Sons 7233 Delmar Blv'd</i>		25. DATE RECD. BY LOCAL REG. <i>MAR 11 '57</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i> <i>m. j. b.</i>		

(Licensed Embalmer's Statement on Reverse Side)

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 *Arnold W. Scherer*

Licensed Embalmer No. *3869*

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.