

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11396
STATE FILE NUMBER

FILED APR 15 1957

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 865

Health,
Welfare
Public
Service

300
1-5p

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>GARDENVILLE</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSPITAL DDA</u>			Length of stay in lb	d. STREET ADDRESS <u>4891 HUMMELSHEIM</u>	
3. NAME OF DECEASED (Type or print) <u>AUGUST B. GROPP</u>			4. DATE OF DEATH <u>MAR. 29 1957</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAR. 8 1892</u>	9. AGE (In years last birthday) <u>65</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ELECTRICIAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>WELDON Sps.</u>		11. BIRTHPLACE (City and state or country) <u>Missouri</u>	
10c. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>OTTO GROPP</u>			14. MOTHER'S MAIDEN NAME <u>MARY WILKE</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>492-10-4049</u>		17. INFORMANT <u>ROBERT GROPP 2919 SHEMANDOAH</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fractured ribs and crushed chest</u>					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 type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Driver of car involved in collision with another car at Gravois & Grant Roads</u>			
20c. TIME OF INJURY Hour <u>7:00</u> Month <u>3</u> Day <u>29</u> Year <u>57</u> a. m. <u>XXXX</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>public road</u>		20f. CITY, TOWN, OR LOCATION <u>Rural St. Louis Mo.</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Raymond H. Hard</u> Coroner <u>3</u>			22b. ADDRESS <u>Clayton, Mo.</u>		22c. DATE SIGNED <u>4/2/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>APR. 1 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>SUNSET BURIAL PK</u>	
23d. LOCATION (City, town, or county) <u>ST. LOUIS Co. Mo.</u>		24. FUNERAL DIRECTOR <u>Thomas Kuter 2906 Marine</u>		25. DATE RECD. BY LOCAL REG. <u>4-1-57</u>	
26. REGISTRAR'S SIGNATURE <u>Herbert R. Donkell</u>					

(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 *Loaf Budde*

Licensed Embalmer No. *398*

P. O. Address *St. Louis, Mo.*

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.