

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42023

State File No.

FILED NOV 22 1957

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9201

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY OR TOWN <u>St. Louis - Mo.</u>		c. CITY OR TOWN <u>St. Louis 4211</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>27 3316 Marshall</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>32 ST. Lukes</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Daniel</u>		b. (Middle) <u>James</u>	
		c. (Last) <u>Grogg</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Not Married</u>		8. DATE OF BIRTH <u>Sept. 4 - 1957</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) <u>8</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis - Mo.</u>	
13a. FATHER'S NAME <u>Jesse David Grogg</u>		14. NAME OF HUSBAND OR WIFE	
13b. MOTHER'S MAIDEN NAME <u>Anna Maxine Zey</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Jesse Grogg - 3316 Marshall - St. Louis</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		MEDICAL CERTIFICATION	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>776x</u>		ANTecedent CAUSES	
19a. DATE OF OPERATION		DUE TO (b) _____	
19b. MAJOR FINDINGS OF OPERATION		DUE TO (c) _____	
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 <u>Sept. 4</u> , 19 <u>57</u> , to <u>Sept. 12</u> , 19 <u>57</u> , that I last saw the deceased alive on: <u>11 Sept, 1957</u> , and that death occurred at <u>1:45 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Chad Bole M.D.</u>		23b. ADDRESS <u>35 N. Central - Clayton Mo.</u>	
23c. DATE SIGNED <u>17 Sept 57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>OCT 31 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Rowland - New 4104 Manchester</u>	
DATE REC'D BY LOCAL REG. <u>OCT 2 57</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	

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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**