

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**232-63-003529**  
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. \_\_\_\_\_

DO NOT WRITE ON THIS STUB

AMENDED

V\$ 300  
Rev. 4/59

1

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| <b>FILED JAN 16 1963</b>  |   | 1. PLACE OF DEATH<br>a. COUNTY   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY                                |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>   |   | Length of stay in 1b   |   | c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Christian Hospital</b>  |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   | d. STREET ADDRESS (If outside, give location)<br><b>4721 Sacramento</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>EDWARD W. GROPPE</b>   |   |  | 4. DATE OF DEATH<br>Month Day Year<br><b>January 8 1963</b> |  |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>1/31/1879</b>                        | 9. AGE (last birthday)<br><b>83</b>  | IF UNDER 1 YEAR<br>Months Days<br>IF UNDER 24 HR<br>Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Spice Miller</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Coffee &amp; Spice</b>   |   | 11. BIRTHPLACE (City and state or country)<br><b>Lyon, Missouri</b>  |  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |   | 13a. FATHER'S NAME<br><b>Friedrich Gropp</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Henrietta Richtermeyer</b>   |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>Louise Friedrich</b>  |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>   |   | 16. SOCIAL SECURITY NO.  |  |
| 17. INFORMANT<br><b>Mrs. Louise Gropp</b>   |   | Address<br><b>4721 Sacramento</b>  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>20 hrs.</b>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Pulmonary Edema</b>  |   | DUE TO (b) <b>Arterio-sclerotic heart disease</b>  |   | DUE TO (c) <b>420.0 F</b>  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Fall causing fracture of right hip</b> |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |  |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT (SUICIDE HOMICIDE)<br><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><b>Fell in kitchen of his home</b>                                   |   |  |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m. <b>9: Jan 4, 1963</b>   |   | 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.)<br><b>at home</b>   |  |
| 20f. CITY, TOWN, OR LOCATION<br><b>St. Louis, Mo</b>  |   | COUNTY   |   | STATE  |  |
| 21. I attended the deceased from <b>Jan 3, 1963</b> to <b>Jan 8, 1963</b> and last saw him alive on <b>Jan 7, 1963</b>  |   | Death occurred at <b>4:30 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |  |  |
| 22a. SIGNATURE (Degree or title)<br><b>D. G. Drollat M.D.</b>   |   | 22b. ADDRESS<br><b>4222 N. Grand</b>   |   | 22c. DATE SIGNED<br><b>1-8-63</b>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |   | 23b. DATE<br><b>1/11/1963</b>  |   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>St. Peters Cemetery</b>   |  |
| 23d. LOCATION (City, town, or county)<br><b>St. Louis County, Missouri</b>  |   | 23e. STATE   |   |  |  |
| 24. FUNERAL DIRECTOR<br><b>BEIDERWIEDEN F.H. INC., 1936 ST. LOUIS AVE.</b>  |   | ADDRESS  |   | 25. DATE RECD. BY LOCAL REG.<br><b>JAN 8 1963</b>  |  |
| 26. REGISTRAR'S SIGNATURE<br><b>Boad Smith, M.D.</b>  |   |  |   |  |  |

USE BLACK INK

OR

TYPEWRITER RIBBON

Dr. O. E. TjoFlat  
4222 No. Grand Ave.  
1-4 pm. tuesday

**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,

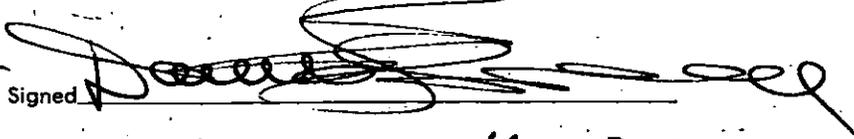
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer.

Signed



Licensed Embalmer No. 4520

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.