MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-013316

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3411

FILED MAR 28 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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DATE AMENDED 2

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Brittingham

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY - - -
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.
Length of stay in 1b: 3 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY - - -
c. CITY OR TOWN St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 5007 Macklind
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ROBERT Middle Allen Last GROVE

4. DATE OF DEATH: Month 3 Day 23 Year 63

5. SEX: M

6. COLOR OR RACE: W

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 10-2-14

9. AGE (last birthday): 48

IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): truck driver

10b. KIND OF BUSINESS OR INDUSTRY: Myers Hdwe. Co.

11. BIRTHPLACE (City and state or country): Virginia

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: ~~(UNKNOWN)~~ James Grove

13b. MOTHER'S MAIDEN NAME: (UNKNOWN) Mary Ward

14. NAME OF HUSBAND OR WIFE: Margaret A. Grove (Dec.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of s

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. GL Leisher Address: 8624 Valcour

18. CAUSE OF DEATH (Enter only one cause per

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): LAENNEC'S CIRRHOSIS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

DUE TO (c): 581.1

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): CONGEST. HT. FAILURE ASHD PNEUMONIA

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3/20/63, to 3/23/63 and last saw her/him alive on 3/23/63

Death occurred at 5:05 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. E. [signature] M.D.

22b. ADDRESS: 1515 LAFAYETTE AVE.

22c. DATE SIGNED: 3/23/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 3-26-63

23c. NAME OF CEMETERY OR CREMATORY: Reusrrection

23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS: HOFFMEISTER COLONIAL MORTUARY 6464 Chippewa

25. DATE RECD. BY LOCAL REG.: MAR 25 1963

26. REGISTRAR'S SIGNATURE: Hoad Smith, M.D.

MEDICAL CERTIFICATION

JAN 14 1964

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_____ Signed Bill C. Branson

Signature of Student Embalmer

Licensed Embalmer No. 4764

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.