

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026642

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2035 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB AMENDED

VS 300 Rev. 4/59	14036	2	20	3	4	1	5	1	6	7	0	8	2	9443X	10	11	12	86-0	13	88	
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS																					
INSTEAD OF																					
DOCUMENT																					
MEDICAL CERTIFICATION																					
SHOULD READ																					
BY AFFIDAVIT OF																					
ITEM NO.																					

FILED JUL 5 1963

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) Pine Lawn Length of stay in 1b 6 wks.

c. FULL NAME OF (IF NOT in hospital, give location) Shamrock Nurs. Home Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY St. Louis Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 5503 Wren Ave. Reside on Farm Yes No

3. NAME OF DECEASED First Elizabeth Middle Theresa Last Gronemeyer

4. DATE OF DEATH Month June Day 25 Year 1963

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 2-1-1895 9. AGE (last birthday) 68

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Rock Hill, Mo. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Anton Adler 13b. MOTHER'S MAIDEN NAME Elizabeth Margadant 14. NAME OF HUSBAND OR WIFE Walter Gronemeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT Walter Gronemeyer-5503 Wren Ave. Address St. Louis 20, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral infarction INTERVAL BETWEEN ONSET AND DEATH 2 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Heart disease 443x unknown

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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 May 12, 1963 to June 25, 1963 and last saw her alive on June 24, 1963. Death occurred at 2:05 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lewis Littmann MD (Degree or title) 22b. ADDRESS 8231 Clayton Rd (17) 22c. DATE SIGNED 6/25/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 6-27-1963 23c. NAME OF CEMETERY OR CREMATORY Memorial Park 23d. LOCATION (City, town, or county) Jennings, Mo. 5200 Lucas-Hunt Rd.

24. FUNERAL DIRECTOR Baumann Bros. Inc. ADDRESS 2504 Woodson Rd., Overland 14, Mo. 25. DATE RECD. BY LOCAL REG. 6-25-63 26. REGISTRAR'S SIGNATURE John M. Murphy M.D.

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 David C. Gibbons

Licensed Embalmer No. 5484

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.