

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

14935

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo.

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 3843
St. Ward)

2. FULL NAME

Fred Gramme
(a) Residence. No. 2604 Virginia St., 17 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 4 - 1841

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
86 5 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Salesman
(c) Name of employer automobiles

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Matilda Gramme
(Address) 2604 Virginia Ave.

15. FILED 7 1928 May C Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 5 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar. 9th, 1928, to Apr. 5th, 1928. (that I last saw h.i.M. alive on Apr. 6th, 1928, and that death occurred, on the date stated above, at 8:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio-sclerosis
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 910
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) C. M. Schuyler, M. D.
4/6, 1928 (Address) 2327 So. 12th St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Concordia Cem. DATE OF BURIAL Apr 7 - 1928

20. UNDERTAKER Ziegenfain Bros. 2623 Cherokee St. ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

