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

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.

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

Do not use this space.

34964

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 3419a Nebraska ave St. ..... Ward)

File No. ..... Registered No. 9936

2. FULL NAME John Gramlich

(a) Residence: No. 3419a Nebraska ave St., 24 Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Gertrude nee Hoffmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 9th 1850

7. AGE: Years 78 | Months 6 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Artitectural Iron
(b) General nature of industry, business, or establishment in which employed (or employer): Worker
(c) Name of employer: retired

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Oestringen Baden Germany

PARENTS
10. NAME OF FATHER: Unknown Gramlich
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Mrs Gertrude Gramlich
(Address) 3419a Nebraska ave

15. FILED OCT 10 1928, 19 ..... Max C Starkoff REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 8. 1928.

17. I HEREBY CERTIFY, That I attended deceased from Oct 25. 1927, to Oct 7, 1928 that I last saw him alive on Oct 7, 1928, and that death occurred, on the date stated above, at 10:45 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chron. Nephritis and Endocarditis Chronic
131
92A (duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY): Drying
(duration) — yrs. 3 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? unknown
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes no
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) Alfred Schroeder, M. D
, 19 (Address) 3648 S Grand

*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: S. S. Peter & Paul
DATE OF BURIAL: 10-11- 1928.

20. UNDERTAKER: Witt Bros L & U Co
ADDRESS: 2929 St Jefferson