

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

Do not use this space.

35375

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

(No. **3212 Miami**)

File No. ....

Registered No. **10368**

St. .... Ward)

**2. FULL NAME JULIUS GRAMLICH**

(a) Residence. No. .... St., **16** Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred **2** yrs. mos. da. How long in U.S., if of foreign birth? **61** yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>male</b>	4. COLOR OR RACE <b>white</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>married</b>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
**Wilhelmina Gramlich**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct. 14, 1851**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	<b>77</b>	<b>0</b>	<b>9</b>	

**8. OCCUPATION OF DECEASED**

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

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

10. NAME OF FATHER **Joseph Gramlich**

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

12. MAIDEN NAME OF MOTHER **Not obtainable**

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

14. INFORMANT **Fred Gramlich**  
(Address) **Belleville, Ill.**

15. FILED **OCT 23 1928** **Mayb Starkoff**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**2**  
16. DATE OF DEATH (MONTH, DAY AND YEAR) **Oct 23 1928**

17. I HEREBY CERTIFY That I attended deceased from **May 26 1928** to **Oct 23 1928** that I last saw him alive on **Oct 22 1928**, and that death occurred, on the date stated above, at **1:30 a. m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Intermittent Nephritis**  
**131**

CONTRIBUTORY **91** **Atherosclerosis** (duration) **2** yrs. mos. da. (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED **12/9/28**  
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? **no** DATE OF **no**  
WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **F W Stinson**, M. D.

**Oct 23 1928** (Address) **3315 S Jefferson Ave**

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Belleville, Ill.** DATE OF BURIAL **Oct. 25 1928**

20. UNDERTAKER **Peter Gaardner** ADDRESS **Belleville, Ill.**

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.

