

NOV 13 1939

791

Registration District No. 1003 Primary Registration District No. _____

1. PLACE OF DEATH: 1003
(a) County 2
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1720 Elliot Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 51 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 1
(c) City or town St. Louis 20
(If outside city or town limits, write "RURAL")
(d) Street No. 1720 Elliot Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Anna Louise Grattendiok 635
8. (b) If veteran, name war -- 8. (e) Social Security No. --

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm. A. Grattendiok 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Feb. 18, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 7 20 hr. min.

9. Birthplace Addieville, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER
12. Name Frederick Groenert
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Rutha Engel Koensman
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature A. L. Grattendiok
(b) Address 1720 Elliot Ave

17. (a) Burial (b) Date thereof Oct. 11, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Wm. M. Schumacher
(b) Address 1834 Natural Bridge

19. (a) OCT 10 1939 (b) J. F. Braedrick
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8,
year 1939 hour 7 minute 30 A. M.
21. I hereby certify that I attended the deceased from 10-3-39
to 10-8- 1939;
that I last saw her alive on 10-7, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary disease Duration 5 days
arteriosclerosis?

Due to _____
Due to _____
Other conditions OK
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature F. H. Morse (M. D. or other) _____
Address 607 W. Grand Date signed 10/9/39

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.

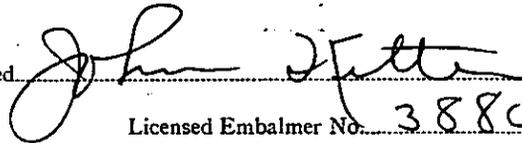
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No. 3880

P. O. Address.....

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 this body is not embalmed, above space should be left blank.