

Registration District No. 1003 Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis **FILED FEB 17 1940**
(b) City or town _____
(c) Name of hospital or institution 2708^a S. 18th St.
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis
(d) Street No. 2708^a S. 18th St.
(e) If foreign born, how long in U. S. A. _____

3. (a) PRINT FULL NAME Fred W. Granneman
(b) If veteran, name war none (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 30 year 1940 hour 7^{am} minute _____ M.
21. I hereby certify that I attended the deceased from 9-24-39 to 1-8-40

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Clara Granneman 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Sept. 28 1878

that I last saw him alive on 1-8-40 and that death occurred on the date and hour stated above.
Immediate cause of death Ca of R.T. jaw Duration 3 yrs

8. AGE: Years 61 Months 3 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Germany

10. Usual occupation Laborer Retired

11. Industry or business Perely Dairy

12. Name William Granneman

13. Birthplace Germany

14. Maiden name Christina Wischmeyer

15. Birthplace Germany

16. (a) Informant's own signature Clara Granneman

(b) Address 2708^a S. 18th St.

17. (a) Burial (b) Date thereof 1-15-40

(c) Place: burial or cremation Concordia Cem

18. (a) Signature of funeral director With Bro. L. G. M.

(b) Address 2829 S. Jefferson Av.

19. (a) JAN 15 1940 (b) _____

Due to _____
Due to _____
Other conditions _____
Major findings: Of operations Ca of R.T. jaw
Of autopsy none

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? _____
(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 H. S. P... (M. D. or _____)
Address 1803 Oakberry Date signed 1-13-40

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.

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 _____

Paul A. Shanklin, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 3472

P. O. Address. 9998 Jefferson

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.