

791

1003

9787

Registration District No. _____

City, Registration District No. _____

Registrar's No. _____

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Dee Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Weeks
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St Louis Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 4105 Garmelia
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME Mary Grashoff

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louis Grashoff 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased March 1 St 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 ----- 8 -- 26 - hr. _____ min. 0

9. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

12. Name Theodore Albers

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Grashoff

(b) Address 4623 Korte Place

17. (a) Burial (b) Date thereof Nov 30 Th
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Kerk

(b) Address 3516 N 14 Th Str

19. (a) NOV 29 1940 (b) _____
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27
year 1940 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from May 10
1940, to Nov. 27 1940;
that I last saw him alive on Nov. 27 1940
and that death occurred on the date and hour stated above.

Immediate cause of death melanotic carcinoma

Due to Carcinoma Bladder Urinary yea

Due to _____

Other conditions Ch. Myocarditis
(Include pregnancy within 3 months of death) 2 yrs

Major findings: Of operations _____

Of autopsy 53

Duration
?
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 Arthur Jensen (M. D. or other) MD
Address 2202 University Date signed 11/28

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2687

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 Harry J. Schumacher
Licensed Embalmer No. 2679
P. O. Address 732 Lemay

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.