

JAN 8 1941 784
Registration District No. 784

Primary Registration District No. 200

State File No. _____

Registrar's No. 2380

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9414 Tennessee ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 4 years 2

8. (a) PRINT FULL NAME TILLIE GRASSICK

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife 0 6. (c) Age of husband or wife if alive 0 years
7. Birth date of deceased: 12 25 1880
(Month) (Day) (Year)

8. AGE: Years 59 Months 11 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business 9

MOTHER FATHER { 12. Name John Zacher 9
13. Birthplace Don't know
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Mary Reichert
15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Christ Zacher

(b) Address Frederick Illinois

17. (a) Removal (b) Date thereof 12-16-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Emwood Frederick, Ill.

18. (a) Signature of funeral director John F. Smitzel Jr
(b) Address Frederick, Ill.

19. (a) DEC 16 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 9414 Tennessee
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
year 1940 hour 1 minute 10 M.

21. I hereby certify that I attended the deceased from Oct. 18 1940 to Dec 16 1940
that I last saw her alive on Dec 15 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Stomach
Due to Cancer
Due to _____

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

Major findings: _____
Of operations _____
Of autopsy 40

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. L. Steiler M.D. (M. D. or other) 1
Address 2273 Woodson Date signed 12-16-40

Duration 6 mo.
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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