

BUREAU OF THE STATISTICAL  
MAR 25 1941

State File No. \_\_\_\_\_

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1615

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
De Paul Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3-1/2 weeks  
(Specify whether  
In this community ?  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County COO...  
(c) City or town St. Louis 1720  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1720 Elliot Ave. 9  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17th,  
year 1941 hour 9:02 minute A. M.

21. I hereby certify that I attended the deceased from  
June 1920 to Feb 17 1941;  
that I last saw him alive on Feb 17 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Pernicious Anemia 15 yrs.  
Multiple Sclerosis XX

Due to Hypostatic Pneumonia  
Due to Bronchial

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

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 Wm. M. Schumacher (M. D. or other) \_\_\_\_\_  
Address 3833 1/2 Washington St. Date signed 2/17/41

8. (a) PRINT FULL NAME WILLIAM A. GRATTENDICK

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

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

6. (b) Name of husband or wife Anna L. Grattendiak 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 12, 1864  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>5</u>	<u>5</u>	hr. _____ min. _____

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

10. Usual occupation Owner of Truck Co.

11. Industry or business Hauling

MOTHER FATHER { 12. Name George Grattendiak  
13. Birthplace HANDWER. HOLTE, Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Caroline Lehde  
15. Birthplace Stone Church, GERMANY  
(City, town, or county) (State or foreign country)

16. (a) Informant Alfred L. Grattendiak  
(b) Address 5455 Arlington Ave.

17. (a) Burial (b) Date thereof Feb. 20, 1941  
(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 4834 Natural Bridge

19. (a) FEB 19 1941 (b) J. H. Briedeck  
(Date received local registrar) (Registrar's signature)

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

3833 Washington  
Jc 7207.

**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 John H. Hatten  
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.**