

39
23159

FILED APR 3 1941

Registration District No. 184

Primary Registration District No. 200

Registrar's No. 667

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Jefferson Bar racks
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Admitted 3/5/41
In this community Since 3/5/41
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Fred Monroe Grammer
3. (b) If veteran, name war World War
3. (c) Social Security No. Yes - not remembered

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hellen
6. (c) Age of husband or wife if alive 14 years

7. Birth date of deceased Sept. 14, 1894
(Month) (Day) (Year)

8. AGE: Years 46 Months 6 Days 12
If less than one day hr. min.

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

10. Usual occupation Coal Miner
11. Industry or business

12. Name John Grammer
13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Millie Jones
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant W. J. Walker
(b) Address Clinical Records, Jeff. Bks., Mo.
17. (a) Burial (b) Date thereof March 29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Joe E. Mitchell
(b) Address Benton Mo.
19. (a) MAR 27 1941 (b) T. A. Meyer, Jr. D. D. P. H.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County PL
(c) City or town Benton (If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #2 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 26th
year 1941 hour 2:15 minute P. M.

21. I hereby certify that I attended the deceased from March 5, 1941 to March 26, 1941
that I last saw h in alive on March 26, 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Rheumatic Heart Disease Duration
Cardiac enlargement, Mitral Valve unknown
damage, Myocardial Damage & Myocardial
Insufficiency

Due to Insufficiency
Due to none
Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations -
Of autopsy 90 12
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) NO
(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?

707 (Specify type of place)
While at work at work (e) Means of injury
23. Signature C. W. HUGHES, M.D. (M. D. or other)
Address Chief Medical Officer Date signed 3/26/41

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

County Hospital. Health Dept.

77 + 8 Road.

St Louis Co Mo.

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.....

Joe E. Mitchell
working under my personal supervision.

Registered Apprentice No.

Signed

Joe E. Mitchell

Licensed Embalmer No. *4281*

P. O. Address. *Benton*

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, fact should be so stated above.