. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35413

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9960

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:
6216 Hoffman /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

000
17
3 9

(a) State Missouri (b) County

(c) City or town St. ouis
(If outside city or town limits, write "RURAL")

(d) Street No. 6216 Hoffman
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John H. Grattendick

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Louise

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. (Month) 13th (Day) 1882 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	3	15	hr. min.

9. Birthplace Nashville, Ill. (City, town, or county) / (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name George Grattendick
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant George Grattendick
(b) Address 4255A Bares St?

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-30-42 (Month) (Day) (Year)
(c) Place: burial or cremation Addieville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington, Blvd.

19. (a) NOV 30 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28th
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from June 15, 1940, to Nov 28, 1942
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	1 day
Due to arteriosclerosis	10 yrs
Hypertension	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

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?
(Specify type of place)
While at work? ✓ (e) Means of injury ✓

23. Signature H. P. Durham (M. D. or other) M D
Address Kirkwood Mo Date signed Nov 30-42

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford G Burnley

Licensed Embalmer No. 4203

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, fact should be so stated above.