

FILED NOV 27 1942

Registration District No. 42

Primary Registration District No. 1800

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town Buchanan St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Littler Nursing Home  
1213 N. 10th Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 years  
(Specify whether  
In this community Lifetime  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4904 King Hill Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME William F. Grollmunt  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month November day 8th  
year 1942 hour 6 minute 15 A. M.

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased August 2 1861  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 16 39 to Oct. 14 42  
that I last saw him alive on Oct. 12 42  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	81	3	?	hr. min.

Immediate cause of death: Nephritis Chs.  
Duration ?

9. Birthplace St. Joseph Missouri  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

10. Usual occupation Retired Machinist (Milwaukee)

Other conditions: Endocarditis Chs.  
(Include pregnancy within 3 months of death)

11. Industry or business Milwaukee Railroad.

PHYSICIAN \_\_\_\_\_

MOTHER FATHER

12. Name Unknown  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations none  
Of autopsy none 131 b  
Underline the cause to which death should be charged statistically.

16. (a) Informant Joseph Grollmunt  
(b) Address 6304 Washington St., St. Joseph

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof Nov. 10, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? \_\_\_\_\_

(c) Place: burial or cremation Mt. Olivet Cemetery.

(Specify type of place)  
While at \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director  
(b) Address 1802 Union St., St. Joseph, Mo.

23. Signature \_\_\_\_\_ (M. D. or other)  
Address 620 \_\_\_\_\_ Date signed 11/9/42

19. (a) 11-10-42 (b) Rose Hayes  
(Date received local registrar) (Registrar's signature)

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

11  
7

1222

---

---

**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.....

*Nov. 8, 1942*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *John P. Hurley*.....  
Licensed Embalmer No..... 4050

P. O. Address *St. Joseph, Mo.*.....

**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.**