

FILED JUN 9 1943 318

4974

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003 Registrar's No. \_\_\_\_\_

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:  
3202a Park Ave. /  
(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 (Specify whether \_\_\_\_\_)

3. (a) PRINT FULL NAME William L. Grassmuck

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 494-09-5856

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

6. (b) Name of husband or wife Rilla F. Grassmuck 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Jan. 1 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
55 4 26 hr. min.

9. Birthplace St. Louis Mo. /  
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Harness Shop

12. Name George Grassmuck

13. Birthplace Ky. /  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Collins

15. Birthplace N. Y. /  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Rilla Grassmuck

(b) Address 3202a Park Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-29-43  
(Month) (Day) (Year)  
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Drehmann-Harral  
(b) Address 1905 Union Blvd.

19. (a) MAY 29 1943 (Date received at local registrar's office) J. J. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3202a Park Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1943 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from Feb 11/43 to May 26, 1943.  
that I last saw him alive on May 26/43, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of right Lung  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions: Bronchitis Acute  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operations \_\_\_\_\_  
Of autopsy none

Duration 4 m  
3 m  
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)  
(c) Means of injury \_\_\_\_\_  
23. Signature Stephen Desseau (M. D. or other) \_\_\_\_\_  
Address 3202a Park Date signed 5/27/43

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

MOTHER FATHER

Mr. D. H. Hester  
3202 Spauldine

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**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 Warren A. Carver  
Licensed Embalmer No. 3534  
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.**