S. No. 2
M—2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ED SEP 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26676

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 7570

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

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: Deaconess Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 37 hours (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000 17

(c) City or town St Louis 0 (If outside city or town limits, write "RURAL") 16

(d) Street No. 3905 Utah (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME William Allen Gramsch

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife

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

7. Birth date of deceased August 20, 1943 (Month) (Day) (Year)

8. AGE: Years — Months — Days — If less than one day hr. min.

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

10. Usual occupation Infant

11. Industry or business —

FATHER
12. Name Ulysses Charles Gramsch
13. Birthplace Schuyler County (City, town, or county) Missouri O (State or foreign country)

MOTHER
14. Maiden name Florence Louise Rolston
15. Birthplace Queen City (City, town, or county) Missouri O (State or foreign country)

16. (a) Informant Mrs. U. Gramsch

(b) Address 3905 Utah

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-22-43 (Month) (Day) (Year)

(c) Place: burial or cremation Queen City, Mo

18. (a) Signature of funeral director Fred M. Williams

(b) Address 4535 Washington

19. (a) AUG 2 1943 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

AUG 24 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21 year 1943 hour 10:00 p.m. minute M.

21. I hereby certify that I attended the deceased from Aug 20, 1943, to Aug 21, 1943 that I last saw him alive on Aug 21, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prematurity	life
Due to	
Due to	
Other conditions Atelectasis (left lung) (Include pregnancy within 3 months of death)	life

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 Victor E Hedlicka (M. D. or other) MD

Address 508 N. Grand Blvd Date signed 8/24/43

(Licensed Embalmer's Statement on Reverse Side)

75770

75770

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.....

Licensed Embalmer No.....

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.