

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

FILED AUG 23 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7369

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:
5202 Lexington 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 79 Yrs. (years, months or days)

3. (a) PRINT FULL NAME Minnie Grannemann

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Wm. H. Grannemann 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 1, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 0 11 hr. min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER

12. Name Henry Spoenemann

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

14. Maiden name Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant C. Piotrowski
(b) Address 5202 Lexington Ave.

17. (a) Burial (b) Date thereof Aug. 16, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral

(b) Address 4828 Natural Bridge Blvd.

19. (a) AUG 16 1943 J. J. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 176
(If outside city or town limits, write "RURAL")
(d) Street No. 5202 Lexington Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12,
year 1943 hour 4:15 minute P. M.

21. I hereby certify that I attended the deceased from Aug 9, 1943, to Aug 12, 1943

that I last saw her alive on Aug 12, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Uremia
Duration 3 days

Due to 1. 2. 3.

Due to 1. 2. 3.

Other conditions Ch. Intestinal Neoplasm
(Include pregnancy within 3 months of death)

Major findings: Ch. Myocarditis

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 Aloysius A. Hill (M. D. or other) A.D.
Address 3901 1/2 Florissant Date signed 8/14/43

AGE
39, 15 W. 36th

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.....

John A. Melner....., Registered Apprentice No.....
working under my personal supervision.

Signed *John Melner*.....
Licensed Embalmer No. *4186*.....

P. O. Address *St. Louis*.....

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.