

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

FILED FEB 28 1944
Registration District No. 318

Primary Registration District No. 1003

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

(d) Length of stay: In hospital or institution 4 weeks
(Specify whether)

In this community.....
years, months or days

3. (a) PRINT FULL NAME Fred Grasle

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Anna Grasle

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased October 31 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>3</u>	<u>13</u>	hr. _____ min.

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

10. Usual occupation Carpenter

11. Industry or business retired

MOTHER FATHER { 12. Name George Grasle

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Anna Grasle

(b) Address 3424 Connecticut st

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Feb 17- 44
(Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director L. Tron L. O. Co.

(b) Address 2707 N. Grand Blvd

19. (a) FEB 16 1944
(Date received local registrar)

J. J. Bredeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 3424 Connecticut St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14
year 1944 hour 6 minute p M.

21. I hereby certify that I attended the deceased from Jan 1st
1944 to Feb 14th 1944
that I last saw him alive on Feb 14th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Larynx

Duration about 1 year

Due to.....

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?.....

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

23. Signature Donald E. Klein (M. D. or other) MD
Address 2632 North Broadway Date signed 2/15/44

84K

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 *J E Morris*

Licensed Embalmer No. 3360

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.