

FILED MAY 30 1944

Registration District No.

Primary Registration District No. 1003

Registrar's No. 3659

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:
3303 Missouri Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution
In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3303 Missouri Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edwin Grabian

(b) If veteran, name war (c) Social Security No. 496-22-1404

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

(b) Name of husband or wife (c) Age of husband or wife if

7. Birth date of deceased August 17 1924
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
19 8 2 hr. min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name John L. Grabian
13. Birthplace Austria
(City, town, or county) (State or foreign country)
14. Maiden name Mary Zorko
15. Birthplace Tower Minnesota
(City, town, or county) (State or foreign country)

16. (a) Informant John L. Grabian

(b) Address 3303 Missouri Ave.

17. (a) Burial (b) Date thereof April 22, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul Cemetery

18. (a) Signature of funeral director John H. Gebler Sons

(b) Address 2630 Gravois Ave

19. (a) APR 20 1944 J. F. Braden
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1944 hour 11, 15 minute A M.

21. I hereby certify that I attended the deceased from 7-30- 1941 to 4-11- 1944.
that I last saw him alive on 4-11- 1944.
and that death occurred on the date and hour stated above.

Immediate cause of death Status Epilepticus Duration acute
Epilepsy SB 10 45 40
Due to
Due to
Other conditions Mental Deficiency 18 yrs
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy
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) (Specify means of injury)
23. Signature Robert Burt (M. D. or other) MD
Address 634 No Grand Date signed 4/20/44

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

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 Robert J. Gebben

Licensed Embalmer No. 4144

P. O. Address. 2630 Gravois Ave.

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.