

FILED MAY 25 1944

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthony's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether
In this community Life.
years, months or days)

3. (a) PRINT FULL NAME Charles L. Grell

3. (b) If veteran, name war World war 1 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 Carrie 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Oct. 2nd, 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>7</u>	<u>15</u>	hr. min.

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

10. Usual occupation Dry goods merchant

11. Industry or business

12. Name Not known

13. Birthplace Not known 9
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Carrie Grell

(b) Address 7440 Gravois Ave.

17. (a) Burial (b) Date thereof 5/22/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John Zuccherera

(b) Address 7027 Gravois Ave.

19. (a) MAY 19 1944 (b) J. F. Medrak
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 7440 Gravois (If rural, give location) 92
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th
year 1944 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from May 3 1944 to May 17 1944
that I last saw h. in alive on May 17 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endo Carditis
Nephritis - Arteriosclerosis
of liver Duration 5 yrs
12 yrs

Due to Chronic Endo Carditis
Nephritis - Arteriosclerosis
of liver

Due to Chronic Endo Carditis
Nephritis - Arteriosclerosis
of liver

Other conditions 124
(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 Walter T. Kelly (M. D. or other) 5/18/44

Address 9915 Gravois Date signed 5/18/44

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

2-3
-43
7-39
X36671

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..... *G. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 Gravois*

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.