

S. No. 2
OM-5-43
v. 5-17-39
I X36571

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

#22212
FILED FEB 31 1946

Registration District No. Primary Registration District No. **1003** Registrar's No. **1043**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

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")

(d) Street No. 7815 Water St.
(If rural, give location)

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

3. (a) PRINT FULL NAME JOSEPHINE GRASLE

3. (b) If veteran, name war no 3. (c) Social Security No. no

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

6. (b) Name of husband or wife Herman Grasle 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased June 23 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30th
year 1946 hour 1:50 minute A M.

21. I hereby certify that I attended the deceased from 12/29/45, 19... to 1/30/46, 19...
that I last saw her alive on 1/30/46, 19...
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>7</u>	<u>7</u>	hr. min.

Immediate cause of death Langrene of foot

Due to Advanced arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) 99

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

10. Usual occupation At Home

PHYSICIAN

Major findings:
-Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name Unknown Kreger

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

14. Maiden name Unknown 9

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

16. (a) Informant George Grasle

(b) Address 7714 a Water St.

17. (a) Burial (b) Date thereof Feb. 2, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS. Peter & Paul Cem.

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?

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway

19. (a) JAN 31 1946 J. F. Budick
(Date received local registrar) (Registrar's signature)

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

23. Signature File Mon 1/30/46
Address..... Date signed.....

JAN 31 1946

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
2549

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.