

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 2758
Registrar's No.

FILED MAR 30 1946
318
Registration District No.

Primary Registration District No.

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:
3523 South Grand Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community 27 years
years, months or days)

3. (a) PRINT FULL NAME Mrs. Elenora Gielow

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Edward Gielow

6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased March 1, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77 0 21 hr. min.

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

10. Usual occupation At Home

11. Industry or business.....

12. Name Louis Gramp

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

14. Maiden name Christine (Unknown)

15. Birthplace Red Bud, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Lesler Gielow

(b) Address 6059 Wanda

17. (a) Burial (b) Date thereof March 25, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Red Bud, Illinois

18. (a) Signature of funeral director Beiderwieden F. H., Inc.

(b) Address 1936 St. Louis Avenue

19. (a) MAR 24 1946 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 3523 South Grand Blvd.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22,
year 1946 hour 5: minute 45 P. M.

21. I hereby certify that I attended the deceased from June 1st
1946 to March 22, 1946
that I last saw him alive on March 27, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
extensive & extensive

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 83

Major findings:
Of operations.....

Of autopsy.....

Duration
2 days
12 hrs

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 J. F. Predeck (M. D. or other)
Address 3606 Travis Date signed 3/23/46

Dr. A. W. Stein
3606 Gravois

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.....

Delia J. Krupin

Licensed Embalmer No. *3487*

P. O. Address *1936 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.