S. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15123

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4033

1. PLACE OF DEATH:

(a) County

(b) City or town SAINT LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5519 PARTRIDGE AVENUE
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 5519 Partridge Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME AUGUSTA GRAMS

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 LATE WILLIAM GRAMS

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

7. Birth date of deceased December 25th 1869
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 22 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Scheide
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant George Grams
(b) Address 5519 Partridge Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 19, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cem.

18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge Blvd.

19. (a) APR 18 1947 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17th year 1947 hour 1 minute 00 A M.

21. I hereby certify that I attended the deceased from 4 - 4 - 1947, to 4 - 17 - 1947 that I last saw her alive on 4 - 17 - 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	3 days.
Due to Arteriosclerosis	10 yrs.
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature James T. Cook (M. D. or other) MD

Address 5536 Robin Ave. Date signed 4-17-47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Albert Wall
[illegible] Ave
[illegible]
[illegible]

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 John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St Louis Mo

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.