No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3432

Registration District No. FILED FEB 9 1948

Primary Registration District No. 3062

Registrar's No. 313

1. PLACE OF DEATH:
(a) County St. Louis.
(b) City or town Brentwood, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8836 Bridgeport Ave. 1
(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 St. Louis 96
(c) City or town Brentwood 9
(If outside city or town limits, write "RURAL")
(d) Street No. 8836 Bridgeport Ave. 1
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Herman A. Gralike
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Theresa
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased June (Month) 16 (Day) 1878 (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	5	15	..... hr. ..... min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)
10. Usual occupation Druggist 1
11. Industry or business .....
FATHER
12. Name Anton Gralike
13. Birthplace ..... (City, town, or county) Holland 4 (State or foreign country)
MOTHER
14. Maiden name Gertrude Homella
15. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Marie Moore
(b) Address 8763 Bridgeport Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-1948 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter & Paul
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Rd.
19. (a) 2-2-48 (Date received local registrar) (b) Cecil A. Slap MD MS (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1948 hour 11 minute 35 A M.
21. I hereby certify that I attended the deceased from Jan 30, 1948, to Jan 31, 1948
that I last saw him alive on Jan 31, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	1 day
Due to	
Due to 83	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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) 0
While at work? ..... (e) Means of injury .....
23. Signature CH Bockelman (M. D. or other) M. D.
Address 2615 Brentwood Blvd Date signed 2/2/48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 H. C. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.