

FILED FEB 20 1948

**318**

Registration District No. \_\_\_\_\_

**1003**

Registrar's No. \_\_\_\_\_

**1406**

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. John's Hospital, D.O.A #  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 hr.  
(Specify whether  
In this community 25 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ans  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4012a Flad Avo.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JULIUS P. GROMBACH.

3. (b) If veteran, name war World War #1 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Augusta Grombach 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased December 25 1888  
(Month) (Day) (Year)

8. AGE: Years 59 Months 1 Days 13 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Meat Cutter

11. Industry or business Retail sales

12. Name Jacob Grombach

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

14. Maiden name Johanna Rammer

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

16. (a) Informant Mrs Julius Grombach

(b) Address 4012a Flad Avo., St. Louis

17. (a) Removal (b) Date thereof 2-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belleville Ill

18. (a) Signature of funeral director Edgar G. Baldwin

(b) Address Belleville, Ill

19. (a) (Date received local registrar) FEB 10 1948 (b) J. F. Bradeau  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8  
year 1948 hour 3 minute 30 a.m.

21. I hereby certify that I attended the deceased from 27 Jan 1948 to 8 Feb 1948  
that I last saw him alive on 8 Feb 1948  
and that death occurred on the date and hour stated above.  
Immediate cause of death Pneumonia

Due to \_\_\_\_\_  
Due to 100  
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?  
\_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury D

23. Signature J. F. Bradeau (M. D. or other) \_\_\_\_\_  
Address 2715 Clifton Date signed 10 Feb 48

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

MOTHER FATHER

Ro-0600

615-2-241

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 Edgar A. Baldus

Licensed Embalmer No. 2846

P. O. Address Belleville, Ill.

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.