

Registration District No. **818**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution.....
St. Louis City Hospital - ax C. Starkloff
(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..... **Mad**
(c) City or town..... **St. Louis**.....
(If outside city or town limits, write "RURAL")
(d) Street No. **2541 Benton St.**
Memorial..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... **George Grassmuck**
3. (b) If veteran, name war..... 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month..... **April**..... day..... **21st**
year..... **1948**..... hour..... **12**..... minute..... **05**..... P..... **M.**

4. Sex..... **Male**..... 5. Color or race..... **White**
6. (a) Single, widowed, married, divorced..... **Single**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... **June 5th 1873**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **4/19/48**
19....., to..... **April 21st**..... 19..... **48**
that I last saw h..... im alive on..... **April 21st**..... 19..... **48**
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	74	10	16 hr. min.

Immediate cause of death..... **arteriosclerotic heart disease**
Duration..... **unknown**

9. Birthplace..... **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

Due to.....
Due to.....
Other conditions.....
(include pregnancy within 3 months of death)

10. Usual occupation..... **Retired Roofer**

11. Industry or business.....

Major findings:
Of operations.....
Of autopsy.....

12. Name..... **Edward Grassmuck**
13. Birthplace..... **Germany**
(City, town, of county) (State or foreign country)

14. Maiden name..... **Frances Sloper**

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

16. (a) Informant..... **Mrs. Jessie Feldmann**

(b) Address..... **4917a Highland Ave.**

17. (a) **Burial**..... (b) Date thereof..... **4/24/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Friedens Cemetery**

18. (a) Signature of funeral director..... **Sullivan Funeral Dir.**

(b) Address..... **2849 North Euclid Ave.**

19. (a) **4/22**..... (b) **J. J. Breder**
(Date received local registrar) (Registrar's signature)

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..... **Frank J. Mahan**..... (M. D. or other).....
Address..... **1515 Lafayette**..... Date signed..... **4/21/48**

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

MOTHER FATHER

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 _____

Robert L. Brinkman

Licensed Embalmer No. 35-53

P. O. Address _____

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.