#73148

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 15 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14133

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4255

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

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-Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11daye (Specify whether
In this community 43 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St.Louis Ave., Erie House 17
(If outside city or town limits, write "RURAL")

(d) Street No. 204 Clark Ave., Erie House 9
Memorial 25 (If rural, give location)

(e) Citizen of foreign country? ? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME CHARLES GREMPLINI

3. (b) If veteran, name war

3. (c) Social Security No. OAA

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 1

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. (Month) 7th (Day) ?1877 (Year)

8. AGE: Years 70 Months 7 Days 23 If less than one day hr. min.

9. Birthplace (City, town, or county) Austria 4 (State or foreign country)

10. Usual occupation OAA

11. Industry or business

FATHER
12. Name John Gremplini
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Christine Unknown
15. Birthplace (City, town, or county) Unknown 0 (State or foreign country)

16. (a) Informant M.Renard 1
(b) Address St.Louis City Hospital/

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen-Kelly
(b) Address 4386 Lindell

19. (a) MAY 6 1948 (Date received local registrar) (b) J. F. Bredeak (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th year 1948 hour 3 minute 50 P M.

21. I hereby certify that I attended the deceased from 4/19/48, 19, to April 30th, 1948; that I last saw him alive on April 30th, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Peritonitis

Due to Ruptured abdominal [illegible]

Due to

Other conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations Sub-phrenic Abscess (Right)

Of autopsy ① Pulmonary Tuberculosis ② Generalized Peritonitis ③ Cholecystoduodenal Fistula

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 0

23. Signature J. G. Womble M.D. (M.D. or other)
Address 1515 Lafayette Date signed 5/1/48

(Licensed Embalmer's Statement on Reverse Side) J.G.WOMBLE

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 Ralph W Henson

Licensed Embalmer No. 3791

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.