

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6222

State File No. _____

318

1003

1095

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>5329 Bancroft Ave.</u>			
3. NAME OF DECEASED (Type or Print) <u>JUDITH</u>		a. (First) _____		b. (Middle) <u>L.</u>		c. (Last) <u>GROMMET</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Jan. 18, 1944</u>	
9. AGE (In years last birthday) <u>5</u>		If UNDER 1 YEAR Months <u>0</u> Days <u>14</u>		If UNDER 6 WEEKS Hours _____ Mins. _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 2 1949</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Girl</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Mary Magdalen</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>	
13a. FATHER'S NAME <u>Elmer J. Grommet</u>			13b. MOTHER'S MAIDEN NAME <u>Charlotte Moehsmer</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elmer J. Grommet 5329 Bancroft Ave.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>1b. meningitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>36 days</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>Early rt. apical pulm</u>				DUE TO (b) _____	
		DUE TO (c) _____				DUE TO (b) _____	
		II. OTHER SIGNIFICANT CONDITIONS <u>12th</u>				DUE TO (c) _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>no rx</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>12/29/1948</u> to <u>2/2/1949</u> , that I last saw the deceased alive on <u>2/1/1949</u> , and that death occurred at <u>5:00A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W.F. Heun MD</u>				23b. ADDRESS <u>5703 Chipewagon</u>		23c. DATE SIGNED <u>2/3/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 5, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>FEB 4</u>		REGISTRAR'S SIGNATURE <u>J.B. Fasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u>			

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

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Name

1-1-23 Ch. Spencer 2-4

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.....

Student Embalmer No.

working under my personal supervision.

Signed

Edwin M. Bennett

Signed.....

Student Embalmer

Licensed Embalmer No. 3024

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.