S. No. 300
v. 10.48

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10483

State File No. 2837

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 3days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): De Paul Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Manchester
d. STREET ADDRESS (If rural, give location): Penn Nursing Home

4000

3. NAME OF DECEASED (Type or Print)
a. (First): Nellie
b. (Middle):
c. (Last): Gragranni

4. DATE OF DEATH (Month) (Day) (Year): 3 24 50

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 5-5-1877
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): nil
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): South Bend Indiana
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Henry Augustine
13b. MOTHER'S MAIDEN NAME: Julia Lamousie
14. NAME OF HUSBAND OR WIFE: Anthony Gragranni

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Elsie Metz 3634 Evans Av

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Diabetes — INTERVAL BETWEEN ONSET AND DEATH: W.K.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Chronic interstitial nephritis WK

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

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): Res X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 4:20 p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter H. Spoeneman MD
23b. ADDRESS: 1506 St Louis
23c. DATE SIGNED: 3-24-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-27-50
24c. NAME OF CEMETERY OR CREMATORY: National Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Co.

DATE REC'D BY LOCAL REG.: MAR 25 1950
REGISTRAR'S SIGNATURE: J. B. Pasater
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Goodhart & Goodhart 2228 St. Louis Av

(Licensed Embalmer's Statement on Reverse Side)

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

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed Elton R. H. Remelius

Signed.....
Student Embalmer

Licensed Embalmer No. 4283

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.