

FILED JUN 5 1951

STANDARD CERTIFICATE OF DEATH 1003

18102  
State File No. 4653  
Registrar's No.

318

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| BIRTH NO. _____  |  | REG. DIST. NO. _____   |  | PRIMARY REG. DIST. NO. _____   |  | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY _____ |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis, Missouri</u>  |  | c. LENGTH OF STAY (in this place) _____  |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>  |  | 2269   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1</u>  |  |  |  | d. STREET ADDRESS (If rural, give location) <u>1927 Warren Str.</u>  |  |  |  |
| 3. NAME OF DECEASED (Type or Print) <u>EMIL</u>  |  | a. (First)   |  | b. (Middle)  |  | c. (Last) <u>GRANBERG</u>  |  |
| 5. SEX <u>Male</u>   |  | 6. COLOR OR RACE <u>White</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 16 1951</u>                         |  |
| 8. DATE OF BIRTH <u>Jan 18, 1865</u>   |  | 9. AGE (in years) (last birthday) <u>86</u>  |  | IF UNDER 1 YEAR (Months) (Days) <u>3 28</u>  |  | IF UNDER 24 HRS. (Hours) (Min.) _____  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Furniture Mfg.</u>  |  | 11. BIRTHPLACE (State or foreign country) <u>Germany</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>   |  |
| 13a. FATHER'S NAME <u>Unknown</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>Annie Grandberg</u>   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>  |  | 16. SOCIAL SECURITY NO. <u>XXXXXX</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Augusta Grandberg</u> ADDRESS _____   |  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))   |  | MEDICAL CERTIFICATION  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u>   |  | II. OTHER SIGNIFICANT CONDITIONS <u>Diabetes mellitus</u><br><u>Chronic cystitis</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<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Cerebral arteriosclerosis</u><br>DUE TO (c) _____ |  |  |  |  |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION _____   |  |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) _____   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR? <u>2314X</u>  |  |  |  |
| 22. I hereby certify that I attended the deceased from <u>4-30-51</u> , 19 <u>51</u> , to <u>5-16-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5-16-51</u> , and that death occurred at <u>5:15P</u> m., from the causes and on the date stated above. |  |  |  |  |  |  |  |
| 23a. SIGNATURE (Degree or title) <u>W. Spencer Payne, M.D.</u>   |  |  |  | 23b. ADDRESS <u>1515 Lafayette Avenue</u>  |  | 23c. DATE SIGNED <u>5-17-51</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>May 19, 1951</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>St. John's Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County</u>            |  |
| DATE REC'D BY LOCAL REG. <u>MAY 18 1951</u>  |  | REGISTRAR'S SIGNATURE <u>J. B. Lester</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>LEIDNER UND. CO 2223 St. Louis Ave</u>   |  |  |  |

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

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**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.

Student .....  
Student Embalmer

Signed

*John J. Naines*

Licensed Embalmer No. *4108*

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.