

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4033

State File No. ....

FILED MAR 3 1952

BIRTH NO. .... REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 224

1. PLACE OF DEATH  
a. COUNTY Buchanan  
b. CITY (If outside corporate limits, write RURAL and give town or township) St Joseph  
c. LENGTH OF STAY (in this place) 50 yrs  
c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph  
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Methodist Hosp.  
d. STREET ADDRESS (If rural, give location) 119 So. 12th St.

3. NAME OF DECEASED (Type or Print)  
a. (First) Julius b. (Middle) A c. (Last) Grandahl  
4. DATE OF DEATH (Month) (Day) (Year) Feb. 18, 1952

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Widowed  
8. DATE OF BIRTH June 20, 1867 9. AGE (In years last birthday) 84  
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) Retired (20) Construction Worker  
10b. KIND OF BUSINESS OR INDUSTRY  
11. BIRTHPLACE (State or foreign country) Germany 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Ernest Grandahl 13b. MOTHER'S MAIDEN NAME Pauline Jerguson 14. NAME OF HUSBAND OR WIFE Jennie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO  
16. SOCIAL SECURITY NO. Non 17. INFORMANT'S SIGNATURE OR NAME Mrs C.W. Nord ADDRESS St. Joseph, Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Lobar Pneumonia  
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. Heart Block  
Hydro thorax Bilateral  
INTERVAL BETWEEN ONSET AND DEATH  
3 days  
2 years Unknown

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 490X 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)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 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 9-9-, 19 49, to 2-18-, 19 52, that I last saw the deceased alive on 2-17-, 19 52, and that death occurred at 6:00a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl W. Nord, M.D. 23b. ADDRESS Tootle Building 23c. DATE SIGNED 2-20-52  
St. Joseph, Missouri.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Feb 20, 52 24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet 24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.

DATE REC'D BY LOCAL REG. Feb 27, 1952 REGISTRAR'S SIGNATURE Carl C. Casper 25. FUNERAL DIRECTOR'S SIGNATURE Norman W. Sidenfaden ADDRESS 1802 Union St.

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

01170

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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.

Signed.....

*Robert H. Apple*

Signed.....

Student Embalmer

Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.