

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40252**
Registrar's No. **10385**

FILED DEC 2 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Missouri</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis 2009</i>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <i>20 2515 N. Hebert St</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis City Hospital</i>			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <i>Michael</i>		b. (Middle)	
c. (Last) <i>Grams</i>		Month <i>Nov.</i> Day <i>11</i> Year <i>1952</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>July 20, 1868</i>
9. AGE (In years last birthday) <i>84</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>CAA Blacksmith</i>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>Poland</i>	
12. CITIZEN OF WHAT COUNTRY? <i>4</i>		13a. FATHER'S NAME <i>Unknown</i>	
13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Marie Grams (deceased)</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Henry Grams, 4211 Rosewood</i>		ADDRESS	
MEDICAL CERTIFICATION			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Coronary Occlusion</i>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>Atherosclerosis; heart disease</i>	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Pulmonary Tuberculosis</i>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>4200</i>		22. I hereby certify that I attended the deceased from <i>10-8-52</i> , 19___, to <i>11-11-52</i> , 19___, that I last saw the deceased alive on <i>11-12-52</i> , and that death occurred at <i>1:40 A.M.</i> , from the causes and on the date stated above.	
23a. SIGNATURE <i>J. S. Strachan, Jr., M.D.</i>		23b. ADDRESS <i>1515 Lafayette Avenue</i>	
23c. DATE SIGNED <i>11-12-52</i>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <i>11-13-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>	
24d. LOCATION (City, town, or county) (State) <i>St Louis Mo</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. C. Smith</i>	
DATE REC'D BY LOCAL REG. <i>NOV 12 1952</i>		ADDRESS <i>1905 Union</i>	

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.....

Albert R. Thompson Jr.

Licensed Embalmer No. *4237*

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.