

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41600

State File No.

FILED DEC 10 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 3093

1. PLACE OF DEATH a. COUNTY <u>St. Louis County Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Pine Lawn</u>	c. LENGTH OF STAY (in this place) <u>Unk.</u>	c. CITY OR TOWN <u>Pine Lawn</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4219 DARDENNE DRIVE</u>		e. STREET ADDRESS (If rural, give location) <u>4219 Dardenne Drive, 400/0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EMIL</u> b. (Middle) _____ c. (Last) <u>GRANBERG JR.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 30 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 3 1895.</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pattern Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mengel Box Co</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Florence Alabama</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Emil Granberg Sr.</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Holmes</u>	14. NAME OF HUSBAND OR WIFE <u>Augusta Granberg</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>World War #1</u>	16. SOCIAL SECURITY NO. <u>494-10-6185</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Augusta Granberg</u> ADDRESS <u>4219 Dardenne</u>
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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) <u>MULTIPLE SCLEROSIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 YEARS</u>
	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.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>345 X</u>
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 March 1953, to Nov 30, 1953, that I last saw the deceased alive on Nov. 30, 1953, and that death occurred at 3:50 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert A. Bauer M.D.</u>	23b. ADDRESS <u>3731 Goodfellow</u>	23c. DATE SIGNED <u>12/1/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 3, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. John's Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u>

DATE REC'D BY LOCAL REG. <u>12-1-53</u>	REGISTRAR'S SIGNATURE <u>Herbert P. Donke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Weidner Und Co</u> ADDRESS <u>2223 St. Louis Ave.</u>
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Dr. Robert Bauer 3731 Goodfellow Ave

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

1857
B 1116

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.....
Signature of Student Embalmer

Signed *John J. Harris*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.