

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10544**

FILED APR 4 1955

BIRTH NO. _____ REG. DIST. NO. **517** PRIMARY REG. DIST. NO. **547** Registrar's No. **618**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Francis	
b. CITY (If outside corporate limits, write RURAL and give town or township) Richmond Heights		c. CITY OR TOWN Desloge	
c. LENGTH OF STAY (in this place) 4 mo.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		STREET ADDRESS (If rural, give location) RURAL	

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Elizabeth c. (Last) Gremminger			4. DATE OF DEATH (Month) (Day) (Year) March 14, 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug. 31, 1881		9. AGE (In years last birthday) 73		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY At Home		
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.			

13a. FATHER'S NAME Unknown Drury		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Lawrence J. Gremminger	
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. Nil.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Herbert Gremminger, Desloge, 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) Carcinoma of cervix with metastasis.		INTERVAL BETWEEN ONSET AND DEATH Sept. 18/54	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Diabetes Mellitus			
		DUE TO (c) Cystitis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION Sept. 18/55		19b. MAJOR FINDINGS OF OPERATION Biopsy of cervix		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) No		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Desloge, Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 171X	

22. I hereby certify that I attended the deceased from **11/24**, 19**42**, to **3/14**, 1955, that I last saw the deceased alive on **3/14**, 19**55** and that death occurred at **11:00a** m., from the causes and on the date stated above.

23a. SIGNATURE James J. Wade MD (Degree or title)		23b. ADDRESS 634 North Grand, St. Louis, Mo.		23c. DATE SIGNED 3/14/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-14-55		24c. NAME OF CEMETERY OR CREMATORY Local	
				24d. LOCATION (City, town, or county) (State) Desloge, Mo.	

DATE REC'D BY LOCAL REG. 3/15/55		REGISTRAR'S SIGNATURE Hebeal R. Tompkins		25. FUNERAL DIRECTOR'S SIGNATURE Herbert H. Hoppe, 4700 Washington Blvd.	
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(Licensed Embalmer - Statement on Reverse Side)

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

JUL 24 1957

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 Robert M. Murray
Licensed Embalmer No. 37490

P. O. Address St. Louis

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.