

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

# -61-045930

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

 Registration District No. 312 Primary Registration District No. 3058 Registrar's No. 298
**FILED DEC 20 1961**

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Charles</b>		Length of stay in 1b		c. CITY OR TOWN <b>St. Charles</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>431 Houston, St. Charles</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>431 Houston</b>	
3. NAME OF DECEASED (Type or print) <b>Gustav Grumke</b>			4. DATE OF DEATH <b>December 7, 1961</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4/17/1883</b>	9. AGE (last birthday) <b>78</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Foundry Work</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Augusta, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>United States</b>
13a. FATHER'S NAME <b>George Grumke</b>		13b. MOTHER'S MAIDEN NAME <b>Elisa Vogt</b>		14. NAME OF HUSBAND OR WIFE <b>Anna L. Vogelpohl</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			17. INFORMANT <b>Virgil Grumke St. Charles, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> DUE TO (b) <b>Generalized Arteriosclerosis</b> DUE TO (c) <b>Thrombophlebitis - Bilateral</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Emphysema</b>					INTERVAL BETWEEN ONSET AND DEATH <b>few hours</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		20g. COUNTY STATE
21. I attended the deceased from <b>5-3-57</b> to <b>12-7-61</b> and last saw him alive on <b>12-4-61</b> Death occurred at <b>12:45 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>O.K. Shuler M.D.</b>		22b. ADDRESS <b>340 N. Main - St Charles Mo.</b>		22c. DATE SIGNED <b>12/9/61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12/11/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. John's Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Charles</b>		
24. FUNERAL DIRECTOR <b>Arthur C. Baue</b>		ADDRESS <b>St. Charles, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Dec 11-61</b>	26. REGISTRAR'S SIGNATURE <b>Mareella Wilson</b>	

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

DEC 20 1961

JAN 3 1962

**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 C. Smith*

Licensed Embalmer No. 5145

P. O. Address St. Charles

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.