

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048378

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12201 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

1. PLACE OF DEATH  
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri COUNTY St. Louis  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b  
c. CITY OR TOWN Maplewood Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hosp. Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 7548 Alicia Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First MYRTLE Middle GRAMPP Last  
4. DATE OF DEATH Month DEC. Day 17, Year 1962

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
8. DATE OF BIRTH 11/16/95 9. AGE (last birthday) 67 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleswoman 10b. KIND OF BUSINESS OR INDUSTRY Stix-Baer-Fuller 11. BIRTHPLACE (City and state or country) Kansas 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME George Willis 13b. MOTHER'S MAIDEN NAME Mary Fry 14. NAME OF HUSBAND OR WIFE Frederick (Deceased)

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. Yes (Unknown) 17. INFORMANT Mary D. Caplan, 108 Park, Oakland, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Intestinal Obstruction INTERVAL BETWEEN ONSET AND DEATH April 1962

DUE TO (b) Metastatic Carcinoma of Pancreas  
DUE TO (c) 157x Dec. 17, 1962

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour 6:30 a.m. p.m. Mon th, Day, Year  
20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from December 15, 1962 to December 17, 1962 and last saw her alive on December 17, 1962. Death occurred at 6:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Dee or title) Angelo A. Spens M.D. 22b. ADDRESS 9313 Manchester Rd 22c. DATE SIGNED 12/18/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 12/20/62 23c. NAME OF CEMETERY OR CREMATORY Memorial Park 23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.

24. FUNERAL DIRECTOR ADDRESS McLaughlin, 2301 Lafayette, 25. DATE RECD. BY LOCAL REG. DEC 19 1962 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

VS 300 Rev. 4/59  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

81

DR SPENO  
9313 MANCHESTER  
1130 -

STATE OF MISSOURI

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.