

DEC 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37577
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008** Registered No. **9904**
(c) City **St. Louis, Mo.** (d) Street No. **BARNES HOSPITAL** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME **Phil. W. Gradwohl**

(a) Residence, No. **Kansas City Mo.** St. **KR** **Kansas City Mo.**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Juliet Oelsner**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 25, 1875**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 **2** **29**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **retail Jewelry**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Baltimore Md.**

13. NAME **Emanuel Gradwohl**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Sarah Wetzler**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Baltimore Md.**

17. INFORMANT (ADDRESS) **Ellsworth Bauman Park Plaza**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt. Sinai** DATE **11/17 38**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Mayer 4356 Lindell Blvd**

20. FILED **NOV 16 1938** **J. P. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 10, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **11 - 6 - 1938**, to **11 - 14 - 1938**
I last saw h. **alive** on **11 - 14 - 1938**. Death is said to have occurred on the date stated above, at **10:20 P.M.**
The principal cause of death and related causes of importance were as follows:

CARCINOMA OF COLONDate of onset **7 1938**

Other contributory causes of importance:

INTESTINAL OBSTRUCTION**11-3-38?**Name of operation **Colestomy** Date of **11-8-38**What test confirmed diagnosis? **EXPLORATORY OPERATION** Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No.**
If so, specify **Frank Wetzler** M. D.
(Signed) (Address)

Maryland

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

Registered Apprentice No....., working under my personal supervision.

Signed J. G. Sullivan

Licensed Embalmer No. 1122

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, above space should be left blank.