

REC'D APR 12 1939

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

8452
Do not use this space.

1. PLACE OF DEATH

(a) County..... 2 Registration District No..... 791
(b) Township..... 1 Primary Registration District No..... 1003
(c) City..... St. Louis, Mo. (d) Street No. 2541 Benton Street St. 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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

625 Frances Grassmuck,
2541 Benton Street
(a) Residence, No. 2541 Benton Street St. 20 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED GRASSMUCK HUSBAND OF Edward Grassmuck, (OR WIFE OF)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11th 1855
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 1 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as saw mill, bank, etc.
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) St. Louis, Mo.

FATHER 13. NAME Hiran Sloper.

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) St. Louis, Mo.

MOTHER 15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Esat St. Louis, Ills.

17. INFORMANT (ADDRESS) Mrs. Jessie Feldmann, 4808 Hammett Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens Cem. DATE March 8th 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Henry Leidner Und. 1417 N. Marketh Street.

20. FILED J. D. Brudner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1939 to March 5, 1939
I last saw her alive on March 5, 1939. Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia

Other contributory causes of importance

Influenza

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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? Yes

If so, specify

(Signed) Arthur W. Jost, M. D.

(Address) 1901 Madison St.

MAK 8 1939

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Jack
1904 + ~~Amber~~

11-1

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 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 this body is not embalmed, above space should be left blank.