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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.

Registration District No. 84

Primary Registration District No. 200

State File No. \_\_\_\_\_

Registrar's No. 2147

1. PLACE OF DEATH: 1  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution St. Rose Sanatorium  
(d) Length of stay: In hospital or institution 9/10 to 10/7 - 10/10 to 12/7  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED: 1  
(a) State Missouri (b) County St. Louis  
(c) City or town WESTERN GROVES  
(d) Street No. 335 West Pacific Ave  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3. (a) PRINT FULL NAME Verda Gram 1050  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec, day 7, year 1939 hour 4 minute 20 A.M.

4. Sex F 5. Color or race W  
6. (b) Name of husband or wife Sudley Gram 6. (c) Age of husband or wife if alive 24 years  
7. Birth date of deceased May 1 1917

21. I hereby certify that I attended the deceased from 9/10 to 10/7, 1939, to 10/10 to 10/7, 1939, and that death occurred on the date and hour stated above.

8. AGE: Years 22 Months 7 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death For adv Bilat Pulm Ede c emutation

9. Birthplace New Douglas Illinois

Due to \_\_\_\_\_  
Due to Subcutaneous Entanling

10. Usual occupation Housewife

Other conditions Subcutaneous Laryngitis  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
12. Name Frid. Ehrlich  
13. Birthplace New Douglas Illinois  
14. Maiden name Clenda Rosenthal  
15. Birthplace New Douglas Illinois

PHYSICIAN \_\_\_\_\_  
Major findings: 23  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Verda Gram  
(b) Address 335 W Pacific Ave  
17. (a) Burial (b) Date thereof 12-7-39  
(c) Place: burial or cremation New Douglas Ill.  
18. (a) Signature of funeral director Parker and Co  
(b) Address Western Groves Mo  
19. (a) DEC 7 1939 (b) P. Meyer

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature B E Bauman (M. D. or other) \_\_\_\_\_  
Address 9101 So Broadway Date signed 12-7-39

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**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

*Orren B Lang*

Licensed Embalmer No. *1581*

P. O. Address *Webster Groves*

**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.**