

BUREAU OF THE CENSUS
FILE MAY 20 1942

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 2920

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
292
3

1. PLACE OF DEATH:
 (a) County St. Charles
 (b) City or town St. Charles
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Joseph's Hospital ()
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. _____ (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Charles
 (c) City or town St. Charles (If outside city or town limits, write "RURAL")
 (d) Street No. 1002 Madison St. (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME PHILLIP GRASSHOFF
3. (b) If veteran, name war _____ **3. (c) Social Security** No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 14
 year 1942 hour 9 minute 15 P.M.

4. Sex Male () **5. Color or race** White
6. (a) Single, widowed, married, divorced, Single ()
6. (b) Name of husband or wife, _____ **6. (c) Age of husband or wife if**
 alive _____ years
7. Birth date of deceased. April 14th 1942
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
4-14, 1942, to 4-14, 1942
 that I last saw h _____ alive on _____, 19 _____
 and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____ If less than one day
 hr. 10 min.

Immediate cause of death Exp. physis. resection Duration 45 min

9. Birthplace St. Charles 0 MO
 (City, town, or county) (State or foreign country)

Due to head aurt in
breast presentation

10. Usual occupation _____

Due to _____

11. Industry or business _____

Other conditions _____
 (include pregnancy within 3 months of death)

MOTHER FATHER
12. Name Roy Grasshoff
13. Birthplace St. Charles 0 MO
 (City, town, or county) (State or foreign country)

Major findings: 16/2
 Of operations _____

14. Maiden name Maria Hansen
15. Birthplace New Haven 0 MO
 (City, town, or county) (State or foreign country)

Of autopsy _____

16. (a) Informant Roy Grasshoff
 (b) Address _____

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof April 11, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Lutheran Church

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Koepfmann - Baum
 (b) Address 326 N 6th St - St. Charles, Mo

While at work _____ (Specify type of place)
 (c) Means of injury 0

19. (a) 4-15-42 (b) Clarence Z. Wessler
 (Date received local registrar) (Registrar's signature)

23. Signature J. J. Canty, M.D. (M. D. or other) B. D.
 Address St. Charles, Mo Date signed 4-15-42

679

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 Arthur C. Bane
Licensed Embalmer No. 3111-5
P. O. Address St Charles Mo

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, fact should be so stated above.