

S. No. 2
M-5-42
7. 5-17-39
X 32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 18 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28764
State File No.
7538
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Hours
(Specify whether
In this community 25 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9 5
(d) Street No. 5501 Enright
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Maymie S. Grangler

3. (b) If veteran, name war None 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Gordon 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased September 8, 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 0 0 hr. min.

9. Birthplace Mound City, Ills (City, town, or county) (State or foreign country)

10. Usual occupation Matron

11. Industry or business Girl's Home

MOTHER FATHER { 12. Name Theodore Schuler
13. Birthplace Charleston Missouri 4
(City, town, or county) (State or foreign country)
14. Maiden name Lavina Wiggenhorn
15. Birthplace St. Louis Missouri 4
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Sparkes
(b) Address 4259 A Ellenwood

17. (a) Burial (b) Date thereof Sept 11, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director A. St. M. Laughlin

(b) Address SEP 9 2301 Lafayette Ave.

19. (a) 1942 (b) J. F. Beedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 8
year 1942 hour 3 minute 40 P. M.

21. I hereby certify that I attended the deceased from 9-8-42
to 9-8-42, 19... to 19...
that I last saw her alive on 9-8-42
and that death occurred on the date and hour stated above.

Immediate cause of death Agranulocytic angina Duration 98 hr.

Due to 11 5
Due to 7 6 2
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 11 5
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature Laughlin (M. D. or other) M.D.
Address 507 1/2 N. Union Date signed 9-9-42

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

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.....

Paul A Keith

Licensed Embalmer No. *3613*

P. O. Address. *2317 Lafayette*

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.