

S. No. 2
M-2-43
5-17-39
P1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39363**

FILED DEC 27 1944 318

Registration District No. _____

Primary Registration District No. **1002**

Registrar's No. **10591**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **18 days**
(Specify whether
In this community **0**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.**
(b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2832 a Salena st.**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINTED FULL NAME **Paul Grable (Paul Grable)**

3. (b) If veteran, name war **Peace time**
3. (c) Social Security No. **329-07-4152**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Bertha F. Grable**
6. (c) Age of husband or wife if alive **35** years

7. Birth date of deceased **November 8 1906**
(Month) (Day) (Year)

8. AGE: Years **38** Months ~~2~~ Days **2**
If less than one day
hr. min.

9. Birthplace **Galatia Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **St. Louis Ship Yard**

11. Industry or business _____

12. Name **Robert Grable**
13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Ira French**
(City, town, or county) (State or foreign country)

15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Bertha F. Grable**
(b) Address **2832 a Salena st.**

17. (a) **Burial** (b) Date thereof **Dec. 13, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **National Cemetery**

18. (a) Signature of funeral director **C. Hoffmeister U. & L. Co.**
(b) Address **7814 S. Broadway**

19. (a) **DEC 12 1944** (b) **J. F. Bremer**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **10th**
year **1944** hour **5:50** minute **A.** M.

21. I hereby certify that I attended the deceased from **11/22/44**
19____ to **Dec. 10th** 19 **44**
that I last saw him **in** alive on **Dec. 10th** 19 **44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hemorrhage**
Duration _____

Due to **Bleeding hepatic ulcers**

Due to **11/7**

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

Major findings:
Of operations **Duodenal ulcers with fistulating vessels at center**
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)
(e) Means of injury **D**

23. Signature **J. F. Bremer** (M. D. or other) _____
Address **1515 Lafayette** Date signed **12/11/44**

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

MOTHER FATHER

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 *Harry J. Schumacher*
Licensed Embalmer No. *2679*
P. O. Address *732 Lemay pines*

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.