

S. No. 2
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STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34767

FILED NOV 13 1946

Registration District No. 2

Primary Registration District No. 6076

Registrar's No. 3220

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Rock Hill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rock Hill Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year
(Specify whether
In this community 45 years
years, months or days)

3. (a) PRINT FULL NAME Herman M. Gramann

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

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

6. (b) Name of husband or wife Annie Leu Gramann 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased June 19, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 4 12 hr. min.

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

10. Usual occupation Retired
11. Industry or business Credit Manager

MOTHER FATHER { 12. Name Henry Gramann
13. Birthplace New York City N. Y.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Anna Becker
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eunice Osterloh
(b) Address 1043 Oakview, Memphis, Tenn

17. (a) Burial (b) Date thereof 11/4/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 East Fair Avenue

19. (a) 11-3-46 (b) Rubel G. Allen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Rock Hill
(If outside city or town limits, write "RURAL") 14
(d) Street No. 9803 Manchester Road 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31
year 1946 hour 8 minute 50 P M.

21. I hereby certify that I attended the deceased from Jan 13
1946 to Oct 31, 1946
that I last saw him alive on Oct 30, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension
Hemiplegia + Senility

Due to general arteriosclerosis

Due to 4-3-46

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

Major findings:
Of operations _____

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 0

23. Signature A. J. Mendenhall (M. D. or other) 0
Address 3507 Potomac Date signed 11-1-46

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

SEP 23 1947

NOV 13 1948

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 *Gustav W. Dietrich*

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, 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.