

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3330

State File No.

Registrar's No. 00046

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3070		Registrar's No. 00046	
1. PLACE OF DEATH a. COUNTY Webster Groves Mo. <i>St. Louis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 4573			
b. CITY (If outside corporate limits, write RURAL and give town or TOWN Webster Groves township)		c. LENGTH OF STAY (In this place) 57 OR TOWN Webster Groves		c. CITY (If outside corporate limits, write RURAL and give township) 0		d. STREET ADDRESS (If rural, give location) 445 Wilshusen	
d. FULL NAME OF HOSPITAL OR INSTITUTION 445 Wilshusen				4. DATE OF DEATH (Month) (Day) (Year) 1-6-1950			
3. NAME OF DECEASED (Type or Print) a. (First) CARL		b. (Middle) B.		c. (Last) GRAMLICH			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid. 2		8. DATE OF BIRTH 1-31-1895	
9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months 11		IF UNDER 12 HRS. Days 8		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mail Clerk				10b. KIND OF BUSINESS OR INDUSTRY USA		11. BIRTHPLACE (State or foreign country) St. Louis Mo	
12. CITIZEN OF WHAT COUNTRY? USA				13a. FATHER'S NAME John Gramlich		13b. MOTHER'S MAIDEN NAME Gertrude Hoffmann	
14. NAME OF HUSBAND OR WIFE Deceased				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes World War I		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Gertrude Gramlich				ADDRESS 445 Wilshusen			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocarditis		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis				3 days	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) mental deterioration due to Army service injury				10 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						422.1	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Webster Groves St. Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4221			
22. I hereby certify that I attended the deceased from 3/16, 1946, to 1/5, 1950, that I last saw the deceased alive on 1/5, 1950, and that death occurred at 6:50 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Walter Jordan (Degree or title) M.D.				23b. ADDRESS 3903 Olive St		23c. DATE SIGNED 1/6/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-7-1950		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis MO	
DATE REC'D BY LOCAL REG. 1-7-50		REGISTRAR'S SIGNATURE Herbert B. Womke, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE S. Grand Blvd WINGBERMUEHLE 39879 S. GRAND BLVD			

WRITE PLAINLY—USING 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.....

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed *Geo. J. Kienkermeck*.....
Geo. J. Kienkermeck

Licensed Embalmer No. 4611.....

P. O. Address.....

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.