

FILED MAR 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6267**  
**1271**

REG. DIST. NO. **318**

PRIMARY-REG. DIST. NO. **1003**

Registrar's No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY-REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>St. Louis</b>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		a. STATE <b>Mo.</b>		b. COUNTY <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>7</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Overland</b>		d. STREET ADDRESS (If rural, give location) <b>2224 Hood Ave.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Baptist</b>							
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <b>Edgar</b>	b. (Middle) <b>Henry</b>	c. (Last) <b>Grumke</b>	Month <b>Feb.</b>	Day <b>6</b>	Year <b>1950</b>	Male	White
6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)	
White		Married		Aug. 17, 1885		64	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Plasterer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>		11. BIRTHPLACE (State or foreign country) <b>Augusta, Mo.</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>George Grumke</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Vogt</b>		14. NAME OF HUSBAND OR WIFE <b>Olive Grumke</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
				<b>Geo. G.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Terminal <del>Brain</del> Hemorrhage</b>		2. ANTECEDENT CAUSES DUE TO (b) <b>Leukemia - Acute - monocytic</b>				2-5-50 -	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				1-28-50	
3. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		<b>2047</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>1-28</b> , 1950, to <b>2-6</b> , 1950, that I last saw the deceased alive on <b>2-6</b> , 1950, and that death occurred at <b>7:58 P.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Roy A. Kaethe</b>			23b. ADDRESS <b>M. D. 2438 Woodson Rd. Overland 14 Mo.</b>			23c. DATE SIGNED <b>2-7-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 9, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Augusta City Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Augusta, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>FEB 8 1950</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Baumann Bros 2504 Woodson Rd. Overland, Mo.</b>			

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.