

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30631

State File No.

DECEASED 15 1951

| | | | | | | | | |
|--|--|---|---|---|---|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>163</u> | | PRIMARY REG. DIST. NO. <u>5594</u> | | Registrar's No. <u>77</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MO</u> b. COUNTY <u>JEFFERSON</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL MERAMEC</u> | | c. LENGTH OF STAY (In this place) <u>18 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>MERAMEC TOWNSHIP 0500</u> | | d. STREET ADDRESS (If rural, give location) <u>NEAR OERMANN - MO.</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEAR OERMANN</u> | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>-</u> c. (Last) <u>GRANNEMAN</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 30 - 1951</u> | | | | | |
| 5. SEX <u>MD</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u> | | 8. DATE OF BIRTH <u>DEC 8 - 1890</u> | | |
| 9. AGE (In years last birthday) <u>60</u> | | 10. F UNDER 1 YEAR <u>8</u> | | 11. F UNDER 4 HRS. <u>22</u> | | 9. AGE (In years last birthday) | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CANDY MAKER</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>CHASE CANDY B.</u> | | 11. BIRTHPLACE (State or foreign country) <u>ST LOUIS MO</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>WM. GRANNEMAN</u> | | | 13b. MOTHER'S MAIDEN NAME <u>ANNA OVERBECK</u> | | | 14. NAME OF HUSBAND OR WIFE <u>SINGLE</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>492-10-2078</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>August Granneman</u> | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | 18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>492-10-2078</u> <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. 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 <u>4201</u> | | | | 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) <u>Oermann Meramec Jefferson MO</u> | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:00 A.M.</u> , from the causes and on the date stated above. | | | | | | | | |
| 22a. SIGNATURE <u>[Signature]</u> | | | | 22b. ADDRESS <u>101 Main St. Testa, Mo</u> | | 22c. DATE SIGNED <u>9/30/51</u> | | |
| 22a. BURIAL CREMATION, REMOVAL (Specify) | | 22b. DATE <u>Oct 3 - 1951</u> | | 22c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cem</u> | | 22d. LOCATION (City, town, or county) (State) <u>St Louis MO</u> | | |
| DATE REC'D BY LOCAL REG. <u>Oct 6 - 51</u> | | REGISTRAR'S SIGNATURE <u>Ruth Jirsa</u> | | 438 | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wacker-Heldrich, Inc</u> | | |
| | | | | | | ADDRESS <u>3634 Harris</u> | | |

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 10-11-57

OCT 15 1957

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 Embalmer No.

Signed

Frank J. Gland Sr.

Signed.....
Student Embalmer

Licensed Embalmer No. *2675*

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.