

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6120

FILED MAR 1 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <b>St Charles County</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>St Charles</b>		c. LENGTH OF STAY (In this place township) <b>12 hrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Florissant 4051</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Joseph Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>839 St Ferdinand</b>			
3. NAME OF DECEASED (Type or Print) <b>GRASSMUCK</b>		a. (Last) <b>LAST</b>		b. (Middle)		c. (Given) <b>Beat Bernice</b>	
4. DATE OF DEATH <b>2 24 52</b>		5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Dec 22 1906</b>		9. AGE (In years last birthday) <b>45</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cashier</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Dept. Store</b>		11. BIRTHPLACE (State or foreign country) <b>St Louis Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John Miller</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>John Grassmuck</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Bernice Bell 839 St Ferdinand Florissant Mo</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Skull fractures multiple</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Fractures facial bones</b> DUE TO (c) <b>Cerebral contusions, severe</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Collie's Fracture, rt</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b> <b>1 hour</b> <b>1 hour</b> <b>1 hour</b>	
19a. DATE OF OPERATION <b>9-24-52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Leachestomy -</b>				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) <b>400</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <b>6</b>		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>9-24, 1952</b> , to <b>9-24, 1952</b> that I last saw the deceased alive on <b>9-24, 1952</b> and that death occurred at <b>4:30 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Russell Huder M.D.</b>				23b. ADDRESS <b>St Charles</b>		23c. DATE SIGNED <b>2-25-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Feb. 28 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis County Mo</b>	
DATE REC'D BY LOCAL REG. <b>2/25/52</b>		REGISTRAR'S SIGNATURE <b>Franine Hamilton</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Hackmann</b>		ADDRESS <b>Home St Charles Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 17 1954

**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 Arthur C. Bane.....

Licensed Embalmer No. 9155.....

P. O. Address St. Charles 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.