

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6421

FILED MAR 5 1952

State File No.

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **1533**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	c. LENGTH OF STAY (in this place) <u>10 Yr 14 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> 2139	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Infirmery</u>		d. STREET ADDRESS (If rural, give location) <u>13 5800 Arsenal St</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Winona</u>	b. (Middle)	c. (Last) <u>Grascek</u>	(Month) <u>Feb.</u>	(Day) <u>17</u>	(Year) <u>1952.</u>

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>FEB. 6, 1867</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
-------------------------	----------------------------------	--	---	--	---------------------------	-------------------------	--------------------------	-------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U</u>
---	-----------------------------------	--	--

13a. FATHER'S NAME <u>John Kapperser.</u>	13b. MOTHER'S MAIDEN NAME <u>Amelia Hammel</u>	14. NAME OF HUSBAND OR WIFE <u>George</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>City Infirmery</u>	ADDRESS <u>5800 Arsenal St</u>
---	-------------------------	--	-----------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial damage 1952 plus</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>1952 plus</u>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

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)
--	--	---

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? <u>1.4221</u>
---	--	---

22. I hereby certify that I attended the deceased from July 1, 1945, to Feb. 17, 1952, that I last saw the deceased alive on Feb. 17, 1952, and that death occurred at 7:15 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Palmer Bruce Bowlish MD</u>	(Degree or title) <u>0</u>	23b. ADDRESS <u>5800 Arsenal St</u>	23c. DATE SIGNED <u>2-17-52</u>
--	-------------------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB. 19, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OLD ST. MARCUS CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO.</u>
--	-----------------------------------	--	--

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>FEB 18 1952</u> <u>J. Carl Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>KRIEGSHAUSER</u>	ADDRESS <u>4728 S. KING HIGHWAY</u>
--	---	--

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 *Edwin A M Hermit*

Licensed Embalmer No. *3024*

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.