

FILED JAN 19 1954

STANDARD CERTIFICATE OF DEATH

45320
State File No. 12365
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5979 (rear) Wells Ave.,		d. STREET ADDRESS (If rural, give location) 5979 (rear) Wells Ave., 6	

3. NAME OF DECEASED (Type or Print) a. (First) HELENA b. (Middle) c. (Last) GRAMLIG			4. DATE OF DEATH (Month) (Day) (Year) Dec. 29, 1953		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 12, 1871	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Clinton Co. Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME ? Pireau	13b. MOTHER'S MAIDEN NAME Helena Conrod	14. NAME OF HUSBAND OR WIFE Joseph Gramlig Dec.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Elizabeth Gramlig	ADDRESS 5079 Wells Ave.,
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hr. 3 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Insufficiency		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Degenerative Cardiac - Vascular Disease 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from Oct. 19³³ to Dec. 29⁵³, 1953, that I last saw the deceased alive on Dec 29⁵³, 1953, and that death occurred at 3:10 P.M. from the causes and on the date stated above.

23a. SIGNATURE Luke A. Kneser M.D. (Degree or title)	23b. ADDRESS 1506 Hodiamont Ave	23c. DATE SIGNED 30 Dec '53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 31, 1953	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cem.,	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
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DATE REC'D BY LOCAL REG. DEC 31 1953	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. W. Clark 1125 Hodiamont Ave.,
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Luke A. Knese,
1506 Hodiament Ave.,
GO. 5800.

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.....

Alfred J. Baedeker
Licensed Embalmer No. 2663

Signed.....
Student Embalmer

P. O. Address 1125 Hodiament Ave.,

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.