

STANDARD CERTIFICATE OF DEATH

7238

State File No.

BIRTH NO. FILED FEB 18 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 273

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston 4315	
c. LENGTH OF STAY (In this place) 5 Yrs		d. STREET ADDRESS (If rural, give location) 5415 Spencer Pl.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6415 Spencer Pl			

3. NAME OF DECEASED (Type or Print) a. (First) Olinda b. (Middle) Grumke c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 1/29/54	
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/18/1882	9. AGE (In years) (Month) (Day) (Hours) (Min.) 71
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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 At home	11. BIRTHPLACE (State or foreign country) Augusta, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Herman Kessler	13b. MOTHER'S MAIDEN NAME Anna Limberg	14. NAME OF HUSBAND OR WIFE Geo. Grumke
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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 Geo. Grumke	ADDRESS 5415 Spencer Pl.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cardiovascular disease</i> DUE TO (c) <i>Stroke</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs</i>
	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) 4221
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 4:00	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 25 years 1924, to 1-29, 1954, that I last saw the deceased alive on 1-29, 1954, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Miss J. P. Kelly</i>	(Degree or title)	23b. ADDRESS <i>730 Hodiamont</i>	23c. DATE SIGNED <u>1-29-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE <u>2/1/54</u>	24c. NAME OF CEMETERY OR CREMATORY Augusta City Cem.	24d. LOCATION (City, town, or county) (State) Augusta Missouri
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DATE REC'D BY LOCAL REG. <u>1-30-54</u>	REGISTRAR'S SIGNATURE <i>Herbert R. Danks</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Jos. W. Clark</i>	ADDRESS 1125 Hodiamont Ave.
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Alfred J. Boedecker

Licensed Embalmer No. 2663

Signed.....
Student Embalmer

P. O. Address 1125 Hodruman

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.