

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28452**
Registrar's No. **7254**

FILED SEP 6 1956

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 **Illinois** b. COUNTY **Macoupin**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) **7 Days**

c. CITY OR TOWN **MOUNT OLIVE** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **St. Louis Children's Hosp.**

e. STREET ADDRESS (If rural, give location) **Box - 752 - 812 S**

3. NAME OF DECEASED a. (First) **Gerald** b. (Middle) **Lavern** c. (Last) **GRMAN**

4. DATE OF DEATH (Month) (Day) (Year) **August 6 1956**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED**

8. DATE OF BIRTH **9-29-45** 9. AGE (In years) (Months) (Days) **10 10 10** IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **None** 10b. KIND OF BUSINESS OR INDUSTRY **None**

11. BIRTHPLACE (City and State or Foreign Country) **Mount Olive, Illinois** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Michael Grman** 13b. MOTHER'S MAIDEN NAME **Barbara Belovich** 14. NAME OF HUSBAND OR WIFE **None**

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 **Alice Tombridge** ADDRESS **500 S. Kings Highway**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Acute Leukemia**

ANTECEDENT CAUSES

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

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 **204.3** 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **7-31-1956**, to **8-6-1956**, that I last saw the deceased alive on **8-6-1956**, and that death occurred at **12-30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE **W. Klingberg MD** (Degree or title) 23b. ADDRESS **500 S. Kings Highway St. Louis 10, Mo.** 23c. DATE SIGNED **8-6-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **8-6-56** 24c. NAME OF CEMETERY OR CREMATORY **Local** 24d. LOCATION (City, town, or county) (State) **Mt. Olive, Illinois.**

DATE REC'D BY LOCAL REG. **AUG 6 1956** REGISTRAR'S SIGNATURE **J. Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Albert H. Hoppe** ADDRESS **4700 Washington Blvd**

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.....
Signature of Student Embalmer

Signed *George R. Penick*

Licensed Embalmer No. *4218*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.