

FILED OCT 13 1944
Registration District No. **276**

Primary Registration District No. **305-9**

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Barre Terre
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
21 Ste Sats Rd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether)

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Barre Terre **94**
(If outside city or town limits, write "RURAL")

(d) Street No. 21 Ste Sats Rd. **2**
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country..... **17**

3. (a) PRINT FULL NAME PHILIP JACOB GRANDHOMME

3. (b) If veteran, V name war.....

3. (c) Social Security No. V

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11 th
year 1944 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from Sept. 4
1944 to Sept. 11 1944

that I last saw him alive on Sept. 11 1944
and that death occurred on the date and hour stated above.

4. Sex M. O

5. Color or race W

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife Mary Magdalen Falk.

6. (c) Age of husband or wife if alive V years

7. Birth date of deceased MAY 9 1846
(Month) (Day) (Year)

Immediate cause of death leukemia **1760**

Due to Chronic Endocarditis & myocarditis **3 yrs.**

Due to.....

8. AGE: Years Months Days If less than one day

78 4 2hr.min.

9. Birthplace 4 GERMANY
(City, town, or county) (State or foreign country)

10. Usual occupation MERCHANT

11. Industry or business

12. Name Rudolph Grandhomme

13. Birthplace 4 GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name WILHELMINA LUDWIG

15. Birthplace 4 GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Grandhomme

(b) Address Farmington Mo.

17. (a) Burial (b) Date thereof Sept 4, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph's Cemetery

18. (a) Signature of funeral director Benjamin Ford Co

(b) Address 313 Barre Terre

19. (a) Sept 25 1944 (b) James J. Johnson
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) !!!

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)

(e) Means of injury

Signature Geo. H. Watkins (M. D. or other)

Address Farmington Mo. Date signed 9-9-44

OCT 17 1944

RECEIVED

District Health Officer No. 4
District File Number 1044-4440
Filed 10-11-44

DIAC 61

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 _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed O. J. Claywell
Licensed Embalmer No. 3706
P. O. Address Bonne Terre, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31649

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 171

WRITE PLAINLY—USE UNFAD! BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: St Francis

(a) County..... St Francis

(b) City or town..... Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

3. (a) PRINT FULL NAME Phillip J. Grandhomme

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex m 5. Color br race.....

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... May 9 1947
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 8 (If less than one day, in hr. min.)

9. Birthplace..... Germany
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace.....
(City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace.....
(City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a) (Burial, cremation, or removal)..... (b) Date thereof.....
(Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) (Date received local registrar)..... (b) (Registrar's signature).....

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(c) City or town.....
(If outside city or town limits, write "RURAL")

(d) Street No.....
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov year 1947 hour 11 minute 11 M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....
that I first saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death uremia
Cardio-arterio-sclerotic disease

Due to..... chronic Endocarditis
myocarditis 3 yr

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... 13/a

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Geo. R. Watteus (M. D. or other).....
Address Farmington Mo. Date signed 10-23-47

MOTHER FATHER

SUPPLEMENTAL

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

