

G-656

54 5022

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 54 5022

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE EDWARD GRAMMER

2. DATE
OF
DEATH

JUNE 11, 1954

3. PLACE OF DEATH:

A. Baltimore City, Maryland 954 FORREST ST.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)A. STATE
MARYLANDB. COUNTY
BALTIMORE CITYB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

90 MARYLAND PENITENTIARY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

c. Length of stay in Baltimore

36 YEARS

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

954 FORREST. - P.O. BOX 412 A.

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

6-24-1917

9. AGE (In years;
last birthday)

36

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

OFFICE MANAGER

10B. KIND OF BUSINESS OR
INDUSTRY

ARCHITECTURAL

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

FRANKLIN L. GRAMMER

14. MOTHER'S MAIDEN NAME

VIOLET TAGG

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

YES W.W.#2

16. SOCIAL
SECURITY NO.

17. INFORMANT

SELF

ADDRESS

954 FORREST

18.

E985X,
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) FRACTURE DISLOCATION OF
DUE TO 5TH CERVICAL VERTEBRA(B) EXECUTION BY HANGING
DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH17 mins.
35 sec

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY

CHIEF OR ASST. MEDICAL EXAMINER.

M. D.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

HOMICIDE

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

MD Pen.

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

954 FORREST

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY6 11 54 12⁰⁴ AM

21E. INJURY OCCURRED

WHILE AT
WORK NOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

JUDICIAL HANGING.

22. I hereby certify that I attended the deceased from 19 to 6-11, 1954, that I last saw the
deceased alive on 6-11, 1954, and that death occurred at 12⁰⁴ m., from the causes and on the date stated above.

23A. SIGNATURE

Henry W. D. Folliott

M. D.

23B. ADDRESS

Maryland Penitentiary Hospital

23C. DATE SIGNED

6-11-54

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial June 11-1954

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

Maryland Park

24D. LOCATION (City, town, or county)

Bald Md

(State)

DATE RECEIVED BY REGISTRAR'S SIGNATURE

LOCAL REGISTRAR

JUN 11 1954 Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard Luck 5305 Harford

VS 150

N-805.2

MEDICAL CERTIFICATION