

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

08281

43

Reg. Dist. No.

1. PLACE OF DEATH - COUNTY Baltimore		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE New York City		COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		LENGTH OF STAY (in this place) 2 months		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Balto Co Md				STREET ADDRESS (If rural, give location) 1569 Metropolitan Ave. N.Y.			
3. NAME OF DECEASED (Type or Print)		(First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)		
DOROTHY		M.		GRAMMEY	August 20,		19 52
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married		8. DATE OF BIRTH May 9-1919	9. AGE last birthday 33 yrs.	If under 1 year Months Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY OWN Home		11. BIRTHPLACE (State or foreign country) P.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Edwin T Schmidt				14. MOTHER'S MAIDEN NAME Martha G. Kipp			
15. WAS DECREASED 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 J. Edward Grammer, 1569 Metropolitan		N.Y. 62 Ave	

18. MEDICAL CERTIFICATION**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH****Immediate cause**

(a) Craniocerebral injury

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(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 No

21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/>		PLACE (Home, farm, factory, street, office bldg., etc.) INJURY		(CITY OR TOWN)	(COUNTY)	(STATE)
CAUSE OF DEATH.		Street		Taylor Avenue nr. the Balto. City Line		
TIME (Month) (Day) (Year)	(Hour)	INJURY OCCURRED		HOW DID INJURY OCCUR?		
OF INJURY	Found 8-20-52 12:33 p.m.	While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		Multiple impacts to head		

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

R. S. Fisher

Chief Medical Examiner, 700 Fleet St., Balto. 29, Md. 8/20/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8/22/52	Balto. Natl. Cem	Balto.	Md
DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR		ADDRESS
Aug. 21-1952	Mrs. A. L. Reifman	Lassahn Funeral Home		2401 Balto Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.