

No. 300  
10 48

MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11376

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 799

1. PLACE OF DEATH

a. COUNTY St. Louis

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

c. LENGTH OF STAY (in this place) 30 years

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2168 Edmund Avenue.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri

b. COUNTY St. Louis

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hillsdale 4161

d. STREET ADDRESS (If rural, give location) 2168 Edmund Avenue. 0

3. NAME OF DECEASED

a. (First) NORA

b. (Middle) GRAVES

c. (Last) \_\_\_\_\_

(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)

March 24, 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Jan 20, 1883

9. AGE (In years last birthday) 69

If under 1 year: Months \_\_\_\_\_ Days \_\_\_\_\_

If under 1 wk: 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 At Home

11. BIRTHPLACE (State or foreign country) Montgomery County, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Samuel Parsons

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE William L. Graves.

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

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS William L. Graves, 2168 Edmund Avenue.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* Ch. Myocarditis with acute Myocardial failure

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension, Arteriosclerosis

DUE TO (c) Ch. Hepatitis, Ch. Septicitis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. General infirmities of age

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

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) (Min.) \_\_\_\_\_

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 12-22-1986, to 3-23-1952, that I last saw the deceased alive on 3-23-1952, and that death occurred at 5:40A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. A. Lamsche M.D.

23b. ADDRESS 4885 Natural Bridge

23c. DATE SIGNED 3-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE March 26, 1952

24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri.

DATE REC'D BY LOCAL REG. 3-25-52

REGISTRAR'S SIGNATURE Herbert R. Donke MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Shepard Funeral Home, 1167 Hamilton Ave.

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 .....  
Student Embalmer

Signed *J. Wm. B. Embler*.....

Licensed Embalmer No. *3653*.....

P. O. Address *St Louis 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.