

No. 2  
-1-4-41  
5-17-39  
I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15452

State File No. \_\_\_\_\_

Registrar's No. 993

FILED MAY 11 1942  
Registration District No. \_\_\_\_\_

Primary Registration District No. 117

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

1. PLACE OF DEATH:  
(a) County St. Louis County,  
(b) City or town Rt. 1031 East Big Bend Road,  
(c) Name of hospital or institution: Copley Nursing Home.  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri. (b) County COE  
(c) City or town St. Louis.  
(d) Street No. 4919 Blow St.  
(e) Citizen of foreign country? \_\_\_\_\_

3. (a) PRINT FULL NAME Margaret Gravel.  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 3d 1942.  
year \_\_\_\_\_ hour 2 minute 15 M.

4. Sex Female. 5. Color or race W.  
6. (b) Name of husband or wife UNKNOWN  
7. Birth date of deceased June 19 1860

21. I hereby certify that I attended the deceased from 3/11/42 to 5/3/42  
that I last saw her alive on 5/3/42  
and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 10 Days 14  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Cerebral hemorrhage (Rt side being begun)  
Due to Hypertension  
Other conditions None

9. Birthplace Germany  
10. Usual occupation Housewife.

Major findings: None  
Of operations No  
Of autopsy No  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business \_\_\_\_\_  
12. Name Unknown.  
13. Birthplace Germany  
14. Maiden name Unknown  
15. Birthplace Germany

16. (a) Informant Edw. H. Gravel.  
(b) Address 6435 Mardel

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

17. (a) Burial (b) Date thereof 5-6-42  
(c) Place: burial or cremation Sunset Burial Park.  
18. (a) Signature of funeral director Ziegenhain Bros.  
(b) Address 6409 Gravois Av  
19. (a) MAY 5 - 1942 (b) C. B. McManis

23. Signature D. C. Pfeiffer  
Address 15738 Madjo Highway  
Date signed 5/7/42

707 (Licensed Embalmers' Statement on Reverse Side)

**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..... *V. E. Morris*.....  
Licensed Embalmer No. *3360*.....  
P. O. Address *6409 Gravel*.....

**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.**