

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10091

State File No. ....

3066

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MO</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS MO</u>	
c. LENGTH OF STAY (in this place) <u>4 DAY</u>		d. STREET ADDRESS (If rural, give location) <u>2843 PENNSYLVANIA</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Josephine Heidekamp Hosp.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 4 1949</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>L.</u> c. (Last) <u>GRABER</u>		5. SEX <u>FEMALE</u> 6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>AUG. 25 1874</u>	
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	
11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		13a. FATHER'S NAME <u>PETER DEMOOR</u>	
13b. MOTHER'S MAIDEN NAME <u>ROSIE VAN HIMMEL</u>		14. NAME OF HUSBAND OR WIFE <u>HENRY H. GRABER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>HENRY H. GRABER</u>		ADDRESS <u>2843 PENNSYLVANIA</u>	
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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Encephalitis of Liver</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 M OS.</u>
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Longulative Heart Disease</u>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19b. MAJOR FINDINGS OF OPERATION			
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) m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Mar 23</u> , 1949, to <u>Apr. 4</u> , 1949, that I last saw the deceased alive on <u>Apr. 4</u> , 1949, and that death occurred at <u>7:00 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ralph Thompson M.D.</u>		23b. ADDRESS <u>3606 Gravois, St. Louis, Mo</u>	
23c. DATE SIGNED <u>Apr 4, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-6-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>	
DATE REC'D. BY LOCAL OFFICE <u>APR 4</u>		REGISTRAR'S SIGNATURE <u>J. B. Laster</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutis</u>		ADDRESS <u>2906 Gravois</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

*Wm*

*9th*

**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

*Leo J. Budde*

Licensed Embalmer No. *3989*

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.