

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21077

#57792

318

1003

State File No. 4783

BIRTH NO. _____		REG. DIST., NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4783	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Wade			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) 0		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 4367 Gibson	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.							
3. NAME OF DECEASED (Type or Print) a. (First) ANTON			b. (Middle) GRATZL			c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) May 25th, 1949							
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 7-26-1888	9. AGE (In years last birthday) 60	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) me		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Hungary		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Louis Gratzl		13b. MOTHER'S MAIDEN NAME Pauline Wagner		14. NAME OF HUSBAND OR WIFE Hannabel			
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 Anna Janet ADDRESS 4367 Gibson			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Esophagus. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) malnutrition & dehydration DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) Wade			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 130X			
22. I hereby certify that I attended the deceased from April 2, 1949 to May 25th, 1949 , that I last saw the deceased alive on May 25th, 1949 , and that death occurred at 9:50PM from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Charles L. De Goe, M.D.				23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 5/26/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-27-49		24c. NAME OF CEMETERY OR CREMATORY St Matthews Cm		24d. LOCATION (City, town, or county) (State) St Louis Mo	
DATE REC'D BY LOCAL REG. JUN 1 1949		REGISTRAR'S SIGNATURE J. B. Faseler		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service ADDRESS 4104 Manchester Ave.			

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

4783

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.

Signed

Howard G. Rowland

Student Embalmer

Licensed Embalmer No. *5114*

P. O. Address *Shawnee 10 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.