

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6418

FILED MAR 8 1952

State File No. 1259  
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 1259		Registrar's No.							
1. PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri					b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis					c. LENGTH OF STAY (in this place)					c. CITY (If outside corporate limits, write RURAL and give township) 50 TOWN Richmond Heights 4505					
d. FULL NAME OF HOSPITAL OR INSTITUTION 5861 Gates Ave.										d. STREET ADDRESS (If rural, give location) 9028 Antler Dr.					
3. NAME OF DECEASED (Type or Print)			a. (First) Bernice			b. (Middle)			c. (Last) Graham			4. DATE OF DEATH (Month) (Day) (Year) Feb. 7, 1952			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH May 12, 1898			9. AGE (In years last birthday) 53		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					11. BIRTHPLACE (State or foreign country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME George Fowler				13b. MOTHER'S MAIDEN NAME Isabelle Lawler				14. NAME OF HUSBAND OR WIFE Roy							
15. WAS DECEASED 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'S SIGNATURE OR NAME Roy Graham, 9028 Antler Dr.				ADDRESS			
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) Glioblastoma multiforme (Frontal lobe)  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cachexia and Semi-comatose state.  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 3-2-52		19b. MAJOR FINDINGS OF OPERATION Glioblastoma Multiforme of Rt Frontal lobe										20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)										
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 193X											
22. I hereby certify that I attended the deceased from 2-12-52, 19, to 2-6-52, 19, that I last saw the deceased alive on 2-6-52, 19, and that death occurred at 7:15 P.M., from the causes and on the date stated above.															
23a. SIGNATURE John P. Schweitzer, M.D.				23b. ADDRESS 1695 So. Brentwood Brentwood, 17, Mo.			23c. DATE SIGNED 2-6-52								
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-11-52		24c. NAME OF CEMETERY OR CREMATORY Calvary			24d. LOCATION (City, town, or county) (State) St. Louis, Mo.								
DATE REC'D BY LOCAL REG. FEB 8 1952		REGISTRAR'S SIGNATURE Carl Smith			25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd.			ADDRESS							

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

Student Embalmer No. \_\_\_\_\_  
*John J. Haines*  
John J. Haines  
Licensed Embalmer No. 4108

P. O. Address \_\_\_\_\_

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.