

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11179

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

No. 300  
10.48

FILED MAR 19 1952

BIRTH NO. _____		REG. DIST. NO. <u>317</u>	PRIMARY REG. DIST. NO. <u>3070</u>	Registrar's No. <u>375</u>
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence (or institution). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hebster Groves</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hebster Groves</u>		
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>1002 Incebo 4577</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1002 Incebo</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u>		b. (Middle) <u>GRAUER</u>		c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 8, 1952</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 15, 1870</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>81</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>				
13a. FATHER'S NAME <u>August Rothhaus</u>		13b. MOTHER'S MAIDEN NAME <u>Wendell Brig</u>		14. NAME OF HUSBAND OR WIFE <u>Laura Grauer</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anna State Hebster Groves</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocarditis</u> DUE TO (c) <u>Coronary artery sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>12 mo</u> <u>4 mo</u>
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>_____</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>_____</u>		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) <u>_____</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>_____</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>_____</u>
22. I hereby certify that I attended the deceased from <u>Dec. 1946</u> , to <u>Feb 8, 1952</u> , that I last saw the deceased alive on <u>Feb 8, 1952</u> , and that death occurred at <u>9:00 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>D. J. Verday M.D.</u>		23b. ADDRESS <u>4500 Olive St. Louis, Mo</u>		23c. DATE SIGNED <u>2-9-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-11-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Paris, Mo</u>				
DATE REC'D BY LOCAL REG. <u>2-13-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dambros</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. A. Heber Paris, Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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

*Geo. L. Hughes*

Licensed Embalmer No. *5008*

P. O. Address *Pacific 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.