

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

29881

State File No.

AUG 15 1952

BIRTH NO.		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>7276</u>	
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>2159</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>5</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>0</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home of The Friendless</u>				d. STREET ADDRESS (If rural, give location) <u>15 4431 So. Broadway</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>LAURA</u>		b. (Middle) <u>G.</u>		c. (Last) <u>PECK</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>May 24, 1874</u>	
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NIL</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		9. AGE (In years) # UNDER 1 YEAR # UNDER 24 HRS. last birthday) Months Days Hours Min.	
11. BIRTHPLACE (State or foreign country) <u>Sparta, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>		13a. FATHER'S NAME <u>David Grayston</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Whrightmann</u>	
13c. NAME OF HUSBAND OR WIFE <u>James W.</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		15. SOCIAL SECURITY NO. <u>None</u>		16. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jones</u>	
17. ADDRESS <u>4431 So. Broadway, St. Louis, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>acute gastritis</u>				DUE TO (c)		4 days	
19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION <u>no</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR? <u>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>1946</u> , 19 <u>46</u> , to <u>7-28</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>7-27</u> , 19 <u>52</u> , and that death occurred at <u>3 A.M.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Chas E. Henderson M.D.</u>		23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>7-29-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 30, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>1200 Lemay Ferry Road</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hoffmeister Colonial Mortuary</u>		ADDRESS <u>6264 Chippewa St. Louis 9 Missouri</u>			

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

Je LIII
11-27-22

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.

Student Embalmer No.....

Signed.....

James C. Hoffmann

Signed.....
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.