

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40253

State File No. ....

10685

Registrar's No. ....

318

REG. DIST. NO.

PRIMARY REG. DIST. NO.

1003

Ft. BIRTH NO. 12 1952

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

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2179 9			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4512 Tower Grove Place				d. STREET ADDRESS (If rural, give location) 17 4512 Tower Grove Place					
3. NAME OF DECEASED (Type or Print) SARAH		a. (First)		b. (Middle) MAY		c. (Last) GRATE			
4. DATE OF DEATH		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widow			
8. DATE OF BIRTH May 31, 1867		9. AGE (In years last birthday) 85		10. KIND OF BUSINESS OR INDUSTRY Housework		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. U			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME August Frank		13b. MOTHER'S MAIDEN NAME Anna Sears		14. NAME OF HUSBAND OR WIFE Late Arthur E. Grate			
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret Mullaney 4512 Tower Gr. Pl.					
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) Myocardites ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis DUE TO (c) Cardio-vascular II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Renal Disease				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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 442x				22. I hereby certify that I attended the deceased from Jan 19, 1952, to Nov 19, 1952, that I last saw the deceased alive on Nov. 18, 1952, and that death occurred at 12:30 A.M., from the causes and on the date stated above.			
23a. SIGNATURE Walter C. Kirschner M.D.		(Degree or title)		23b. ADDRESS 508 N. Grand Blvd.		23c. DATE SIGNED 4/20/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 21, 1952		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. NOV 20 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.					

G. P. (Licensed Embalmer's Statement on Reverse Side)

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 William B. White

Licensed Embalmer No. 4291

P. O. Address 4228 N. Kingshighway

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.