

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44846

State File No.

FILED JAN 26 1953

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 11934

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| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 11934 | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) 02 yrs | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | 2109 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4023 Greer Ave. | | | | d. STREET ADDRESS (If rural, give location) 10 4023 Greer Ave. | | | |
| 3. NAME OF DECEASED (Type or Print) Ida | | a. (First) | | b. (Middle) May | | c. (Last) Graham | |
| 4. DATE OF DEATH Dec 25 1952 | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Jan. 30 1890 | | 9. AGE (in years last birthday) 62 | |
| 5. SEX female | | 6. COLOR OR RACE White | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 11. BIRTHPLACE (State or foreign country) Missouri | |
| 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) Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Robert Rothwell | | 13b. MOTHER'S MAIDEN NAME Mary Philpott | | 14. NAME OF HUSBAND OR WIFE Charles | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Charles Graham 4023 Greer Ave. | | | |
| 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) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Angina Pectoris 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 1 hr 8 hrs. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 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 (Month) (Day) (Year) (Hour) | |
| 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? 4201 | | | |
| 22. I hereby certify that I attended the deceased from April 14, 1952, to 12-20, 1952, that I last saw the deceased alive on 12/18, 1952, and that death occurred at 12:40 P.M., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE H. W. Noller M.D. (Degree or title) | | | | 23b. ADDRESS 3720 Washburn | | 23c. DATE SIGNED 02/27/52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Dec 29 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. DEC 27 1952 | | REGISTRAR'S SIGNATURE J. Earl Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norm J. Maxwell 4114 St. Louis ave | | | |

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Fred J. Starnes

Licensed Embalmer No. *4788*

P. O. Address *St. Louis, 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.