

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17519

State File No. _____

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1283

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| 1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u> | |
| b. CITY OR TOWN <u>LEMAY</u> | | c. CITY OR TOWN <u>LEMAY</u> <u>4870</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>211 E. LORETTA</u> | | e. STREET ADDRESS (If rural, give location) <u>211 E. LORETTA</u> | |

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|-------------------------------------|------------------------|-----------------------|-----------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>OTTO</u> | b. (Middle) <u>E.</u> | c. (Last) <u>GRAB</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 1, 1954</u> |
|-------------------------------------|------------------------|-----------------------|-----------------------|--|

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|--------------------|-------------------------------|---|--------------------------------------|---|---|--|
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>JUNE 1, 1895</u> | 9. AGE (In years last birthday) <u>59</u> | 10. IF UNDER 1 YEAR Months _____ Days _____ | 11. IF UNDER 100 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|--------------------------------------|---|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>SWIFT & CO.</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>JEFFERSON COUNTY, MISSOURI</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>PETER GRAB</u> | 13b. MOTHER'S MAIDEN NAME <u>MINA GLATT</u> | 14. NAME OF HUSBAND OR WIFE <u>LENA</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>LENA GRAB</u> | ADDRESS <u>211 E. LORETTA, LEMAY, MO.</u> |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>23-4 days</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>4341</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR _____ |
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22. I hereby certify that I attended the deceased from June 1, 1954 to June 1, 1954 that I last saw the deceased alive on June 1, 1954 and that death occurred at 4:55 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>R. M. Peters</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>4145 a S. Grand Blvd.</u> | 23c. DATE SIGNED <u>6/2/54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>JUNE 4, 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>OLD ST. JOHN CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>MEHLVILLE, MISSOURI</u> |
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| DATE REC'D BY LOCAL REG. <u>6/2/54</u> | REGISTRAR'S SIGNATURE <u>Wesley B. Sambell</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>C. HOFFMEISTER</u> | ADDRESS <u>U. & L. CO. 7814 SO. BROADWAY ST. LOUIS, MO.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed..... *James C. Hoffmann*

Licensed Embalmer No. *387*

P. O. Address *7874 S. B.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.