

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6403

State File No. ....

1919

FILED MAR 5 1956

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003

Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Louis.</u>		c. CITY OR TOWN <u>St. Louis.</u> c. LENGTH OF STAY (In the place) <u>16 &amp; 17 Days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Chronic Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>2141 East. Warne. Ave. 2119</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Grace</u> b. (Middle) c. (Last) <u>Ebener.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 22, 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow.</u>	8. DATE OF BIRTH <u>May 29, 1882</u>
9. AGE (In years last birthday) <u>73</u>		10. IF UNDER 1 YEAR Months Days	11. IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ohio.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Unknown.</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown.</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>499-26-1687</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records.</u>		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (c) <u>Cerebral Arteriosclerosis</u>	
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION <u>420.0</u>		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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>January 5, 1956</u> , to <u>February 22, 1956</u> , that I last saw the deceased alive on <u>February 22, 1956</u> , and that death occurred at <u>7:05P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>George M. Janaka, M.D.</u> (Degree or title)		23b. ADDRESS <u>5600 Arsenal</u>	
23c. DATE SIGNED <u>Feb 23, 1956</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal.</u>	
24b. DATE <u>2/24/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO., MO.</u>		DATE REC'D BY LOCAL REG. <u>FEB 23 1956</u>	
REGISTRAR'S SIGNATURE <u>Carl Smith MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edw Kael 9 Jan 35167 14th St</u>	
ADDRESS		ADDRESS	

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 *Brie G. Brasseur*.....

Licensed Embalmer No. *476*.....

P. O. Address *Mt. Lake*.....

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.