

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 26 1956

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8348**

|   |                               |  |                                       |
|---|-------------------------------|--|---------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY   |                                       |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>ST. LOUIS, Mo</b>   |                               | c. CITY OR TOWN <b>ST. LOUIS</b>   |                                       |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. BAPTIST Hosp</b>   |                               | e. STREET ADDRESS (If rural, give location) <b>4345 S. BROADWAY</b>  |                                       |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>VIOLA</b> b. (Middle) c. (Last) <b>GRAVES</b>  |                               | 4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT 7 1956</b>   |                                       |
| 5. SEX <b>FEMALE</b>  | 6. COLOR OR RACE <b>WHITE</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>  | 8. DATE OF BIRTH <b>APRIL 14 1880</b> |
| 9. AGE (In years) (last birthday) <b>76</b>   |                               | # UNDER 1 YEAR<br>Months   Days  | IF UNDER 1 HR.<br>Hours   Min.        |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>   |                                       |
| 11. BIRTHPLACE (City and State or Foreign Country) <b>Tennessee</b>   |                               | 12. CITIZEN OF WHAT COUNTRY? <b>U-S-A</b>  |                                       |
| 13a. FATHER'S NAME <b>WILLIAM BRINKLEY</b>  |                               | 13b. MOTHER'S MAIDEN NAME <b>FRIEDA FELTZ</b>  |                                       |
| 14. NAME OF HUSBAND OR WIFE <b>WILLIAM GRAVES</b>   |                               |  |                                       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>  |                               | 16. SOCIAL SECURITY NO. <b>None</b>  |                                       |
| 17. INFORMANT'S SIGNATURE OR NAME <b>WILLIAM GRAVES</b>   |                               | ADDRESS <b>4345 S. BROADWAY</b>  |                                       |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>left hemiplegia - hemorrhage</b><br>ANTECEDENT CAUSES<br>DUE TO (b) <b>Cerebral</b><br>DUE TO (c) <b>generalized arterio-sclerosis</b><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>malnutrition</b> |                                       |
| 19a. DATE OF OPERATION  |                               | 19b. MAJOR FINDINGS OF OPERATION   |                                       |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                               | <b>331x</b>  |                                       |
| 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 <b>Mo 1955</b> to <b>Sept 7, 1956</b> , that I last saw the deceased alive on <b>Sept 7, 1956</b> and that death occurred at <b>12:45 a.m.</b> , from the causes and on the date stated above. |                               |  |                                       |
| 23a. SIGNATURE <b>W. J. Verda M. D.</b>   |                               | 23b. ADDRESS <b>4500 Olive</b>   |                                       |
| 23c. DATE SIGNED <b>9-8-56</b>  |                               |  |                                       |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>  |                               | 24b. DATE <b>SEPT 10 1956</b>  |                                       |
| 24c. NAME OF CEMETERY OR CREMATORY <b>SUNSET BURIAL Pk</b>  |                               | 24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, Mo</b>   |                                       |
| DATE REC'D BY LOCAL REG. <b>SEP 10 1956</b>   |                               | REGISTRAR'S SIGNATURE <b>Charles Smith Mo</b>  |                                       |
| 25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Kuter 2906 Gravois</b>   |                               | ADDRESS  |                                       |

(Licensed Embalmer's Statement on Reverse Side)

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

1  
MS JUN 28 1960

VS JUN 28 1960

---

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 .....

Licensed Embalmer No. 4347

P. O. Address 7906

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.