

FILED SEP 27 1956

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 32530

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 2087

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN University City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN University City, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> H346	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7015 Stanford Ave. Length of stay in lb 27 Years		d. STREET ADDRESS (If outside, give location) 7015 Stanford Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) MRS. NELLIE HARDIN GRABOW First Middle Last			4. DATE OF DEATH Sept. 2, 1956 Month Day Year
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 7, 1890
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book-keeper & Housewife		10b. KIND OF BUSINESS OR INDUSTRY Blanke-Baer Ext. Co	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME James Silas Hardin	
14. MOTHER'S MAIDEN NAME Mary Zahm		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No	
16. SOCIAL SECURITY NO. 488-09-0489		17. INFORMANT (Husband) George Henry Grabow Address 7015 Stanford U. City	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Stomach			INTERVAL BETWEEN ONSET AND DEATH 6 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			151X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Jan '56 to Sept 2 '56 and last saw her Aug 28 '56 alive on Aug 28 '56 Death occurred at 12:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Paul O. Hagemann M.D.		22b. ADDRESS 3720 Washington Blvd.	
22c. DATE SIGNED Sept 4, 1956			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept 5, 1956	
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
24. FUNERAL DIRECTOR ADDRESS Alexander & Sons, Inc. 6175 Delmar		25. DATE RECD. BY LOCAL REG. 9-4-56	
26. REGISTRAR'S SIGNATURE Herbert R. Douke M.D.			

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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Dr. Paul O. Hageman
3720 Washington Blvd.
Je. 1 6646

Terone H. Hill
47 ST. LOUIS,

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

Jos. E. McCulloch

Licensed Embalmer No. 240

P. O. Address 61700

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.