

FILED JAN 15 1957

STANDARD CERTIFICATE OF DEATH

43097

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 12021

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) St. Louis c. LENGTH OF STAY (in this place) _____
c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 8611 Goodfellow Ave
e. STREET ADDRESS (If rural, give location) 2087 8611 Goodfellow Ave.

3. NAME OF DECEASED
a. (First) Edmund b. (Middle) _____ c. (Last) Gralin
4. DATE OF DEATH (Month) (Day) (Year) Dec. 28 1956

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 30, 1915 9. AGE (In years last birthday) 41 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Production Mgr. 10b. KIND OF BUSINESS OR INDUSTRY Day Brite Elec. 11. BIRTHPLACE (City and State or Foreign Country) Chicago, Ill 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Romand Gralin 13b. MOTHER'S MAIDEN NAME Not Known 14. NAME OF HUSBAND OR WIFE Victoria Gralin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 326-01-1510 17. INFORMANT'S SIGNATURE OR NAME Victoria Gralin ADDRESS 8611 Goodfellow

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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Amiotrophie Laterale Sclerose
Amyotrophic lateral sclerosis
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. 356.1

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from 12-26-56 to 12-28-56, that I last saw the deceased alive on 12-27, 1956, and that death occurred at 4:45 A.M. from the causes and on the date stated above.

23a. SIGNATURE Keith S. Wilson (Degree or title) M.D. 23b. ADDRESS 4952 Maryland 23c. DATE SIGNED 12-29-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Dec. 31 1956 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 31 1956 REGISTRAR'S SIGNATURE J. Carl Smith, M.D. 25. FUNERAL DIRECTOR'S SIGNATURE Buchholz Mortuary ADDRESS 5967 W. Florissant

J.P. (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 *Wilfred G. Buchholz*.....

Licensed Embalmer No. *4551*.....

P. O. Address *St. Louis*.....

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.