

PC 1620 74 66

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

SL 12896 FILED APR 15 1957

318

1003

STATE OF MISSOURI
10384 2943
Registration District No. Primary Registration District No. Registrar's No.

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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|--|----------------------------------|---|---|
| 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. Charles | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN 915 N Grand Blvd St. Louis, Mo. X No <input type="checkbox"/> | | c. CITY OR TOWN ST. CHARLES 0923 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) Length of stay in h 35 HOSPITAL OR INSTITUTION V. A. HOSPITAL 29 Days | | d. STREET ADDRESS 316 S. Main (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First OSCAR Middle Last GRAVENS | | | 4. DATE OF DEATH Month 3 Day 26 Year 57 |
| 5. SEX MALE 0 | 6. COLOR OR RACE WHITE | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 1/25/92 |
| 9. AGE (In years last birthday) 65 yrs. | | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Concrete worker | | 10b. KIND OF BUSINESS OR INDUSTRY Unknown | 11. BIRTHPLACE (City and state or country) Winfield, Missouri |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13. FATHER'S NAME Robert Gravens | |
| 14. MOTHER'S MAIDEN NAME Elizabeth Jamieson | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1 | |
| 16. SOCIAL SECURITY NO. Unknown | | 17. INFORMANT Address V.A. HOSPITAL RECORDS ST. LOUIS, MO. | |
| 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 THE LUNG WITH WIDESPREAD METASTASES | | | INTERVAL BETWEEN ONSET AND DEATH UNK |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) - - - DUE TO (c) - - - | | | |
| 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 checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> NONE | | 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"/> NA | | 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 2/25/57 to 3/26/57 and last saw him alive on 3/26/57 Death occurred at 9:05 a. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>[Signature]</i> M.D. | | 22b. ADDRESS VAH, ST. LOUIS 6 MISSOURI | |
| 22c. DATE SIGNED 3/26/57 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVED | | 23b. NAME OF CEMETERY OR CREMATORY OAK GROVE CEM | |
| 23c. LOCATION (City, town, or county) ST. CHARLES, MO | | 23d. LOCATION (City, town, or county) (State) ST. CHARLES, MO | |
| 24. FUNERAL DIRECTOR ADDRESS C. L. Prentice, St. Charles, Mo. | | 25. DATE RECD. BY LOCAL REG. MAR 27 '57 | |
| 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> | | | |

