

FILED DEC 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45851
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11586

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>ST CLAIR</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u>		c. CITY OR TOWN <u>BELLEVILLE</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>105 IOWA AVE</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>PHILIP J. GRAUL</u>			4. DATE OF DEATH Month Day Year <u>DECEMBER 2, 1957</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 11-1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>	11. BIRTH PLACE (City and state or country) <u>ILLINOIS</u>
13a. FATHER'S NAME <u>JOHN GRAUL</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE RICHARD</u>	14. NAME OF HUSBAND OR WIFE <u>LORINE GRAUL</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO NONE</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>John Penner</u> Address <u>Belleville Ill</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CHRONIC ESOPHAGEAL STRICTURE</u>			INTERVAL BETWEEN ONSET AND DEATH <u>30 YEARS</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>PEPTIC ESOPHAGITIS</u>			<u>539.1</u>
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>BRONCHOPNEUMONIA 1 WEEK</u>			19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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 <u>OCT. 30, 1957</u> to <u>DEC. 2, 1957</u> and last saw her alive on <u>DEC. 2, 1957</u> Death occurred at <u>3:30 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>C. O. Vermillion M.D.</u> (Degree or title) M. D.		22b. ADDRESS <u>BARNES HOSPITAL</u>	22c. DATE SIGNED <u>12/3/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>12-3-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>VAL HALLA</u>	23d. LOCATION (City, town, or county) (State) <u>BELLEVILLE ILL.</u>
24. FUNERAL DIRECTOR <u>Geo PENNER & SONS</u> ADDRESS <u>BELLEVILLE ILL.</u>		25. DATE RECD. BY LOCAL REG. <u>DEC 3 '57</u>	26. REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

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 Not Embalmed, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Jos Permer

Licensed Embalmer No. 2314
P. O. Address Belleville, Mo

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.