

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010961
STATE FILE NUMBER
1716

S. 300
1-57

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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

MAR 18 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. CITY OR TOWN <u>University City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DePaul Hospt</u> Length of stay in 1b _____	
d. STREET ADDRESS (If outside, give location) <u>6250 Olive St Rd.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <u>Fred O Grasse</u>	
4. DATE OF DEATH Month Day Year <u>2-17-59</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>3-15-1895</u> 9. AGE (In years last birthday) <u>63</u> 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) <u>Pinkerton Detective Agency</u> 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) <u>Millsprings, Missouri</u> 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unk. Grasse</u> 13b. MOTHER'S MAIDEN NAME <u>UNK.</u> 14. NAME OF HUSBAND OR WIFE <u>Myrtle L. Grasse</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> 16. SOCIAL SECURITY NO. <u>291 01 3104</u> 17. INFORMANT Address <u>Myrtle Grasse 6250 Olive St. Rd.</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>Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</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>420.1</u>	
19. WAS AUTOPSY PERFORMED? 1 Yes <input checked="" type="checkbox"/> 2 No <input 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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or Title) <u>Reginald J. Smith</u> 22b. ADDRESS <u>1300 Clark</u> 22c. DATE SIGNED <u>2/18/59</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> 23b. DATE <u>2-20-59</u> 23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Cemetery</u> 23d. LOCATION (City, town, or county) (State) <u>St. Louis Co, Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>J.W. Clark F.H. 1125 Hodiandont Ave.</u> 25. DATE RECD. BY LOCAL REG. <u>FEB 18 '59</u> 26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>	

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 *Alfred J. Boedecker*
Licensed Embalmer No. *2113*
P. O. Address *1125 Howard*

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.