Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-015035
STATE FILE NUMBER

REC APR 20 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 3193

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: FIRMIN DESLOGE — Length of stay in 1b: 10 MIN.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 3145a Cherokee St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: BARBARA — Middle: — Last: GRAB.
BARBARA GRAB

4. DATE OF DEATH: Month 3 — Day 29 — Year 59

5. SEX: FEMALE — **6. COLOR OR RACE**: WHITE → White
7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]
8. DATE OF BIRTH: Sept. 5, 1896
9. AGE (In years last birthday): 62 — 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): (retired) Winder
10b. KIND OF BUSINESS OR INDUSTRY: Visnet Mills Co.
11. BIRTHPLACE (City and state or country): Austria
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Phillip Eder
13b. MOTHER'S MAIDEN NAME: Louise ------
14. NAME OF HUSBAND OR WIFE: Samuel L. Grab

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.: 498-26-1161
17. INFORMANT: Walter Wm. Grab — Address: 4308 Butler Hill Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CEREBERAL HEMORRHAGE due to
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): HYPERTENSION
DUE TO (c): 331X
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): OBESITY; ARTHRITIS; GENERALIZED ARTERIOSCLEROSIS

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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. 1938 to MAR 29, 59 and last saw her/him alive on MAR 29, 59
Death occurred at 9:40 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Kenneth E. Walter, M.D.
22b. ADDRESS: 1325 So. Grand
22c. DATE SIGNED: 3/30/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Apr. 1, 1959
23c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park
23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR — ADDRESS: WACKER-HELDERLE-3634 Gravois Ave.
25. DATE RECD. BY LOCAL REG.: MAR 31 '59
26. REGISTRAR'S SIGNATURE: Karl Smith, M.D.
S.P.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.