

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5466-61-022608**

STATE FILE NUMBER

Filed JUN 16 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		Length of stay in lb 1 Day	c. CITY OR TOWN Arnold
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo Baptist Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt 2 Box 216
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Anthony Middle (Tony) Last Gravitz			4. DATE OF DEATH Month June Day 8 Year 1961			
5. SEX Male	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 2-18-1894	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months 3 Days 21	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Forman		10b. KIND OF BUSINESS OR INDUSTRY American Packing Co Yugoslavia		11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Anthony Gravitz		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Lucille Gravitz		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Lucille Gravitz		Address Rt 2 Box 216 Arnold, 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) **Myocardial insufficiency**

CAUSE (b) **Coronary Sclerosis Relative to Hypertension**

CAUSE (c) **Pulmonary Edema**

INTERVAL BETWEEN ONSET AND DEATH **Autopsy 7 days**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

old H Hip

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
fell at work

20c. TIME OF INJURY
Hour **3** a.m. **1:56** p.m.

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.)
place unpermitted

20f. CITY, TOWN, OR LOCATION **St Louis** COUNTY **Sto** STATE **Mo**

21. I attended the deceased from _____ to _____ and last saw her alive on **4/10/61**

Death occurred at **6-8-61** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **[Signature]** (Degree or title)

22b. ADDRESS **845 Mo Theatre Bldg.**

22c. DATE SIGNED **JUN 12 1961**

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE **June 12 1961**

23c. NAME OF CEMETERY OR CREMATORY **Mt Olive Cem.**

23d. LOCATION (City, town, or county) (State)
Lemay, Mo.

24. FUNERAL DIRECTOR **Fey Funeral Home, Mehlville Mo.** ADDRESS

25. DATE RECD. BY LOCAL REG. **JUN 12 1961**

26. REGISTRAR'S SIGNATURE **Loan Smith, M.D.**

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Paul W. Smith

Licensed Embalmer No. 4329

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.