

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008115

STATE FILE NUMBER

212

1003

2186

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. FILED MAR 7 1962 Primary Registration District No. 1003 Registrar's No. 2186

VS 300 Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF MEDICAL CERTIFICATION DOCUMENT

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 9 days

c. CITY OR TOWN Bissell Hills Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardinal Glennon Hospital Inside Limits Yes No d. STREET ADDRESS (If outside, give location) 1251 Odessa Drive Residence on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Brenda Louise Graves

4. DATE OF DEATH Month Day Year FEB 22 1962

5. SEX female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2-13-1962 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. 9

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none 10b. KIND OF BUSINESS OR INDUSTRY none 11. BIRTHPLACE (City and state or country) Richmond Heights, Mo 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Leland Graves 13b. MOTHER'S MAIDEN NAME Marion McKinney 14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT Address Mr. Leland Graves, 1251 Odessa Drive

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) PNEUMONIA INTERVAL BETWEEN ONSET AND DEATH 1 DAY

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ESOPHAGEAL ATRESIA FROM BIRTH
DUE TO (c) TRACHEO-ESOPHAGEAL FISTULA " "

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CONGENITAL HEART DISEASE 756.2

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.)

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 FEB 21, 1962 to FEB 23, 1962 and last saw her alive on FEB 21, 1962
Death occurred at 12:40 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Alan F. Denk MD 22b. ADDRESS 634 W. Grand 22c. DATE SIGNED 2/22/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Feb. 23, 1962 23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis Missouri

24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, Inc., 2161 E. Fair St. Louis, 7, Missouri 25. DATE RECD. BY LOCAL REG. FEB 23 1962 26. REGISTRAR'S SIGNATURE Roald Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

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 _____

NOT EMBALMED

Math Hermann
Math Hermann & Son, Inc

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.