

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-028681

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6999 STATE FILE NUMBER

VS 300 Rev. 4/59		DATE AMENDED							
1		DATE AMENDED							
2	223	DATE AMENDED							
3		DATE AMENDED							
4	1	DATE AMENDED							
5	0	DATE AMENDED							
6		DATE AMENDED							
7	0	DATE AMENDED							
8	1	DATE AMENDED							
9		DATE AMENDED							
10		DATE AMENDED							
11		DATE AMENDED							
12	65-0	DATE AMENDED							
13	65	DATE AMENDED							

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF BIRTH <u>JUL 31 1962</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY		a. STATE <u>Mo.</u>	b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Louis 18, Missouri</u>		c. CITY OR TOWN <u>St. Louis, Mo.</u>	
Length of stay in lb <u>Life</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) <u>Lutheran Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>1822 Iowa</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
First <u>Lisa</u> Middle <u>Dawn</u> Last <u>Graves</u>			Month <u>7</u> Day <u>15</u> Year <u>62</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-24-62</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE (last birthday) IF UNDER 1 YEAR: Months <u>21</u> Days <u>21</u> IF UNDER 24 HR: Hours <u>21</u> Min.
11a. FATHER'S NAME <u>Raymond Lane Graves</u>		11b. MOTHER'S MAIDEN NAME <u>Violet Lucille Graves</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE <u>None</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>None</u>	17. INFORMANT <u>Raymond Lane Graves</u> Address <u>1822 Iowa, St. Louis</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH <u>1 WEEK</u>
IMMEDIATE CAUSE (a) <u>ATALECTASIS</u>			
DUE TO (b) <u>prematurity</u>			
DUE TO (c) <u>762.5</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> 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 <u>7:30 p.m.</u> Month, Day, Year <u>7/15/62</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>6/24/62</u> to <u>7/15/62</u> and last saw her alive on <u>7/15/62</u> . Death occurred at <u>7:30 p.m. 7/15/1962</u> m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Patrick B. Hogan MD</u>		22b. ADDRESS <u>3664 South Grand St. L.</u>	
22c. DATE SIGNED <u>7/16/62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>7-17-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Trinity Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>McLaughlin Funeral Home, Inc.</u> <u>2301 Lafayette Avenue</u>		25. DATE RECD. BY LOCAL REG. <u>JUL 17 1962</u>	26. REGISTRAR'S SIGNATURE <u>Roan Smith, M.D.</u>

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION

Dr. P.C. Hogan
3654 So. Grand
Ph. 1-3523

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, NOT
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James R. Chapman

Licensed Embalmer No. 4550

P. O. Address St. Louis, 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.