

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017668

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3840 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 17 1963

1. PLACE OF DEATH
a. COUNTY ST. LOUIS, MO.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY St. Louis
c. CITY OR TOWN St. Louis Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 2419 a Hadley St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last GILBERT J. GRAUL

4. DATE OF DEATH Month Day Year APRIL 3 1963

5. SEX M 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 11/14/03 9. AGE (last birthday) 59 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY Butcher 11. BIRTHPLACE (City and state or country) Vanderburg, Ind. 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Phillip Graul 13b. MOTHER'S MAIDEN NAME Katerine Schroeder 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 No) 16. SOCIAL SECURITY NO. 25 17. INFORMANT Address Mrs. June Hunt 2419 a Hadley St

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 3200409 Neurosis
DUE TO (b) 491 x B
DUE TO (c) 491 x B
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I: (a) 2. H. D. LETHIC H. D. 1700 IMPACT

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 Month, Day, Year a.m. 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.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3/28/63 to 4/3/63 and last saw her/him alive on 4/3/63
Death occurred at 1:45 A M on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE T.E. Brittingham (Degree or title) M.D. 22b. ADDRESS 1515 LAFAYETTE AVE. 22c. DATE SIGNED 4/3/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 4/5/63 23c. NAME OF CEMETERY OR CREMATORY Park Lawn Cem. 23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

24. FUNERAL DIRECTOR ADDRESS Robert D. Kinealy 2228 St. Louis Ave. 25. DATE RECD. BY LOCAL REG. APR 4 1963 26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

Brittingham
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,

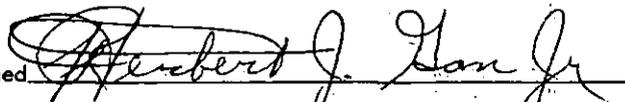
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed



Licensed Embalmer No. 4800

P. O. Address Kirkwood 22, 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.