S. No. 2
—1-4-41
. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22787

FILED JUL 28 1942

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6083

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bethesda Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hours. (Specify whether
In this community 6 hours.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis. 18
(If outside city or town limits, write "RURAL")

(d) Street No. 4063a McRee
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jessie Ellen GRAVATT

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 17 (Day) 42 (Year)

8. AGE: Years — Months — Days — If less than one day 6 hr. 8 min.

9. Birthplace St. Louis (City, town, or county) O (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Harvey GRAVATT
13. Birthplace St. Louis - Mo. O (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Kathryn Theby
15. Birthplace St. Louis - Mo O (City, town, or county) (State or foreign country)

16. (a) Informant Father - Harvey GRAVATT.
(b) Address 4063a McRee Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-42 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Chas. F. Stuart
(b) Address 1775 Union

19. (a) JUL 18 1942 (Date received local registrar) (b) J. J. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 7-17-, 1942 to 7-17-42, 19;
that I last saw her alive on 7-17-42, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure

Due to Immaturity

Due to Premature labor

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature W. H. Riley (M. D. or other)

Address 4660 Maryland Date signed 7/17/42

844 (Licensed Embalmer's Statement on Reverse Side)

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 —

Not Embalmed, Registered Apprentice No.

working under my personal supervision.

Signed Wm Hempstead

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 this body is not embalmed, fact should be so stated above.