

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

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis ⁹⁶

(c) City or town Ladue ¹²
(If outside city or town limits, write "RURAL")

(d) Street No. 245 North Price Road ^{NR, 1}
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) ¹

If yes, name country _____

3. (a) PRINT FULL NAME Adele Evelyn De Grave

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Widow ²

6. (b) Name of husband or wife John G. De Grave, Dec'd 4/3/27

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

7. Birth date of deceased: October 22, 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	5	24	hr. _____ min.

9. Birthplace: St. Louis, Mo. ⁰
(City, town, or county) (State or foreign country)

10. Usual occupation At home,

11. Industry or business Housewife

MOTHER FATHER {

12. Name John Brown ⁰

13. Birthplace St. Louis, Mo. ⁰
(City, town, or county) (State or foreign country)

14. Maiden name Marjle Hughes,

15. Birthplace St. Louis, Mo. ⁰
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James J. Conrad,

(b) Address 245 North Price Road,

17. (a) Burial (b) Date thereof 4/19/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Robert J. Ambruster, Inc

(b) Address Clayton Rd. at Concomdia Lane

19. (a) 4-19-47 (b) J. J. Bredeck
(Date received local certification) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
 year 1947 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from April 15, 1947 to April 16, 1947;
 that I last saw her er alive on April 16, 1947;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis ^{1 1/2 Days}

Due to _____

Due to _____ ^{9H}

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy No autopsy

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place)
 (c) Means of injury _____ ⁰

23. Signature P. J. House (M. D. 1945)
 Address 162 North Taylor Ave. Date signed 4/17/47

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

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