

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

17293

318

PRIMARY REG. DIST. NO.

1003

Registrar's No. ....

4431

BIRTH NO. ....

REG. DIST. NO.

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give town OR TOWN) St. Louis 2

c. LENGTH OF STAY (In this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Missouri

b. COUNTY

St. Louis

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

d. STREET ADDRESS (If rural, give location)

4004 Giles Ave.

## 3. NAME OF DECEASED

a. (First)

Oakley

b. (Middle)

Graybeal

c. (Last)

4. DATE OF DEATH

(Month)

May

(Day)

18

(Year)

1949

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

## 8. DATE OF BIRTH

Dec. 3, 1889

## 9. AGE (In years, last birthday)

59

## IF UNDER 1 YEAR

Months

## IF UNDER 2 HRS.

Days

## IF UNDER 4 MIN.

Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telegraph Operator

10b. KIND OF BUSINESS OR INDUSTRY Wabash R.R.

11. BIRTHPLACE (State or foreign country) London, Ky.

12. CITIZEN OF WHAT COUNTRY? U.S.

## 13a. FATHER'S NAME

William Graybeal

## 13b. MOTHER'S MAIDEN NAME

Nancy J. Blankenship

## 14. NAME OF HUSBAND OR WIFE

Flossie E. Graybeal

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. 702-05-4320

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Flossie Graybeal, 4004 Giles Ave.

## 18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

## ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

Coronary thrombosis

DUE TO (c)

Diabetes

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## INTERVAL BETWEEN ONSET AND DEATH

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

YES  NO 

## 21a. ACCIDENT SUICIDE HOMICIDE (Specify)

## 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

94

## 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK 

## 21f. HOW DID INJURY OCCUR?

260X

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 7:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Patrick C. Taylor, M.D.

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 5-18-49

## 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

## 24b. DATE

5-18-49

## 24c. NAME OF CEMETERY OR CREMATORY

## 24d. LOCATION (City, town, or county) (State)

Decatur, Ill.

DATE REC'D BY LOCAL REG. MAY 18 1949

## REGISTRAR'S SIGNATURE

J. B. Sartor

## 25. FUNERAL DIRECTOR'S SIGNATURE

## ADDRESS

Albert H. Hoppe, 4700 Washington Blvd.

**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 .....  
Student Embalmer

Signed \_\_\_\_\_

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.