

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21079

318

1003

State File No. _____
Registrar's No. 5194

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. 5194					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>				c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5306 South Compton</u>				d. STREET ADDRESS (If rural, give location) <u>5306 South Compton</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leander</u>			b. (Middle) <u>S.</u>			c. (Last) <u>Graves</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 14, 1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 10, 1877</u>		9. AGE (In years last birthday) <u>72</u>	10. MONTHS <u>1</u>	11. DAYS <u>4</u>	12. HOURS <u></u>	13. MIN. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Conductor-Retired Street Railway</u>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) <u>St. Genevieve County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>(Unknown) Graves</u>				13b. MOTHER'S MAIDEN NAME <u>Melzina Pulley</u>				14. NAME OF HUSBAND OR WIFE <u>Minnie Graves</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>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Minnie Graves 5306 S. Compton City</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Arteriosclerosis</u> DUE TO (c) <u>and Chronic Nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>1 yr.</u>	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION <u>no</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
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) <u>St. Louis Mo. MO</u>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>592X</u>									
22. I hereby certify that I attended the deceased from <u>12/10/48</u> , 19 <u>48</u> , to <u>June 14, 1949</u> , that I last saw the deceased alive on <u>June 12th</u> , 19 <u>49</u> and that death occurred at <u>6:27 P.m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>W. A. Mattes M.D.</u>						23b. ADDRESS <u>3608 S. Grand Blvd.</u>			23c. DATE SIGNED <u>6/15/49</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 17, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>				24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>					
DATE REC'D BY LOCAL <u>JUN 15 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Roster</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoffmeister U&L Co 7814 S. Bdwy City II</u>							

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

Dr. Wm. Walter
53608 South Grand
Until noon 6/15/49
from 1:15 til 5

D

80-0107

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 *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S Broadway*

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.