

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 1 1949

State File No. 38263

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10085

|  |  |  |   |   |                  |  |  |
|--|--|--|---|---|------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY 500 |   |                  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri   |  | c. LENGTH OF STAY (in this place)  |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 5306 South Compton 171 |                  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 634 N. Grand Blvd. 5   |  |  | d. STREET ADDRESS (If rural, give location) 13 St. Louis 10   |   |                  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) Minnie   |  |  | b. (Middle) Graves  |   | c. (Last) Graves |  |  |
| 4. DATE OF DEATH November 22, 1949   |  | 5. SEX Female  |   | 6. COLOR OR RACE White  |                  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed           |  |
| 8. DATE OF BIRTH November 4, 1886  |  | 9. AGE (In years last birthday) 63   |   | IF UNDER 1 YEAR Months 0  |                  | IF UNDER 1 HRS. Days 18  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife  |  | 10b. KIND OF BUSINESS OR INDUSTRY At Home  |   | 11. BIRTHPLACE (State or foreign country) Missouri 0  |                  | 12. CITIZEN OF WHAT COUNTRY? USA   |  |
| 13a. FATHER'S NAME Peter Bequette  |  | 13b. MOTHER'S MAIDEN NAME Mary LaRose  |   | 14. NAME OF HUSBAND OR WIFE Leander S. Graves   |                  |  |  |
| 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. 498-01-207   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS James W. Miner 226 No. Boyle St. L 8, Mo.                 |                  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Arteriosclerotic heart disease<br><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |   |                  | INTERVAL BETWEEN ONSET AND DEATH 15 min.<br><br>uncertain                |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |   | 20. AUTOPSY?<br>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) 98  |                  | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.                       |  |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR? 4/201   |   |   |                  |  |  |
| 22. I hereby certify that I attended the deceased from Nov. 29, 1947, to Nov. 22, 1949, that I last saw the deceased alive on Nov. 22, 1949, and that death occurred at 7:40 p.m., from the causes and on the date stated above. |  |  |   |   |                  |  |  |
| 23a. SIGNATURE Pauline J. Huber M.D.   |  |  |   | 23b. ADDRESS 634 N. Grand Blvd.   |                  | 23c. DATE SIGNED 11-22-49  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial   |  | 24b. DATE 11/25/49   |   | 24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park   |                  | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri |  |
| DATE RECD BY LOCAL REG. NOV 23 1949  |  | REGISTRAR'S SIGNATURE B. Lasater   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister U&L Co. 7814 S. Bdwy City                   |                  |  |  |

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

**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 Lewis C. Hoffmann

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.