

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 1070

FILED FEB 17 1950

318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE: MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS,		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS,		9	
d. FULL NAME OF HOSPITAL OR INSTITUTION STATE HOSPITAL				d. STREET ADDRESS (If rural, give location) 2811 DODIER ST. 270			
3. NAME OF DECEASED (Type or Print)		a. (First) GRACE		b. (Middle) MCDUFFIE		c. (Last) _____	
4. DATE OF DEATH		2-1-1950		5. SEX		FEMALE	
6. COLOR OR RACE		WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		WIDOW	
8. DATE OF BIRTH		12/13/1888		9. AGE (In years last birthday)		61	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
FACTORY WORKER		STANDARD STAMPING CO.		BROOKFIELD MO.		U.S.A.	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE		_____	
JOHN B. FLARATHY		, MARY GRUBER		GEORGE E. MCDUFFIE		_____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
NO		494-09-2332		Robert McBuffie 2811 DODIER ST.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Arteriosclerotic Heart Disease				1948x.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				_____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Cardiac Decompensation				_____	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS				_____	
Conditions contributing to the death but not related to the disease or condition causing death.		_____				_____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		H/200	
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?			
22. I hereby certify that I attended the deceased from June 7, 1948, to Febr. 1, 1950, that I last saw the deceased alive on Febr. 1, 1950, and that death occurred at 7:40 P.M., from the causes and on the date stated above.							
23a. SIGNATURE: R. H. Pucallie MD				23b. ADDRESS		23c. DATE SIGNED	
5400 Arsenal St				ST. LOUIS, MISSOURI		2/2/50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
BURIAL		2/1/50		CALVARY CEMETERY		ST. LOUIS, MISSOURI	
DATE RECEIVED BY LOCAL HEALTH DEPT. FEB 2 1950				REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
_____				STROOT - CARROLL		4600 NATURAL BRIDGE AVE	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 *Don Hoffman*

Licensed Embalmer No. 4366

P. O. Address *Honus Md*

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.