

FILED MAR 22 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 10142

318

2275

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2159			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5050 Christy Blvd.,				d. STREET ADDRESS (If rural, give location) 3848a Meramec St.,			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
Kenneth		H.		Grave.		4. DATE OF DEATH (Month) (Day) (Year) March 10, 1951	
5. SEX Male. <u>D</u>	6. COLOR OR RACE White,	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married, <u>1</u>		8. DATE OF BIRTH December 17, 1920		9. AGE (In years last birthday) 30 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Upholsterer,		10b. KIND OF BUSINESS OR INDUSTRY Wiegert Upholstering		11. BIRTHPLACE (State or foreign country) <u>1)</u> St. Louis, Missouri,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Harry M. Grave,			13b. MOTHER'S MAIDEN NAME Viola M. Koenig,		14. NAME OF HUSBAND OR WIFE Dorothy Grave,		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes WW 2		16. SOCIAL SECURITY NO. WW 2		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorothy Grave, 3848a Meramec St.,			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatous - lung cancer</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Primary focus in lung (Carcinoma) 18 mo +</u>  DUE TO (c)  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>4 months</u>	
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)			
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>162X</u>			
22. I hereby certify that I attended the deceased from <u>March 8, 1951</u> , to <u>March 10, 1951</u> , that I last saw the deceased alive on <u>March 10, 1951</u> , and that death occurred at <u>3:47 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John V. Lawrence MD</u>				23b. ADDRESS <u>684 No Grand Ave</u>		23c. DATE SIGNED <u>3/10/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial, <u>1)</u>		24b. DATE <u>3/12/51</u>		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
DATE REC'D. BY LOCAL REG. MAR 12		REGISTRAR'S SIGNATURE <u>J. B. Kessler</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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 me

working under my personal supervision.

Student Embalmer No. ....

Signed

*Loren E. Perry*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4094

2842 Meramec St.,

P. O. Address St. Louis, 18, 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.