

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43859**

FILED JAN 9 1952

BIRTH NO. _____ REG. DIST. NO. **362** PRIMARY REG. DIST. NO. **4531** Registrar's No. **83**

1. PLACE OF DEATH a. COUNTY Warren				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles Co.			
b. CITY (If outside corporate limits, write RURAL and give township) Warrenton, Mo.		c. LENGTH OF STAY (In this place) 11 mos. 11 days		c. CITY (If outside corporate limits, write RURAL and give township) 0920			
d. FULL NAME OF (If not in hospital or institution, give street address or location) Katie Jane Memorial Home				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) Annie		a. (First)		b. (Middle)		c. (Last) Gravemann	
4. DATE OF DEATH (Month) (Day) (Year) Dec. 7 - 1951		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH June 30 - 1874		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 10 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME William Gravemann		13b. MOTHER'S MAIDEN NAME Sarah Brown		14. NAME OF HUSBAND OR WIFE August Gravemann			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arkie Bartolet Lemay Mo			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerotic heart DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH sub sub	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4:200				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?			
22. I hereby certify that I attended the deceased from Dec. 15, 1950 , to Dec. 7, 1951 , that I last saw the deceased alive on Dec. 4, 1951 , and that death occurred at 3:05 P.M. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Harold H. Holscher M.D.				23b. ADDRESS Warrenton Mo		23c. DATE SIGNED 12-7-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE December 10 1951		24c. NAME OF CEMETERY OR CREMATORY St John's		24d. LOCATION (City, town, or county) (State) St Charles Mo.	
DATE REC'D BY LOCAL REG. 12-19-51		REGISTRAR'S SIGNATURE Lloyd Logan		25. FUNERAL DIRECTOR'S SIGNATURE Washburn Bone Inc.		ADDRESS St. Charles Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

1090
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~~100 7100~~

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 Frederic W. Bone

Licensed Embalmer No. 4607

P. O. Address St. Charles, 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.