No. 300
10.48

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

FILED FEB 8 1952

STANDARD CERTIFICATE OF DEATH

State File No. 44163

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10772

1. PLACE OF DEATH
a. COUNTY.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 8 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. John's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 16 Beverly Hills 4166
d. STREET ADDRESS (If rural, give location) 3512 Central Place

3. NAME OF DECEASED (Type or Print) a. (First) August b. (Middle) N. c. (Last) Grable

4. DATE OF DEATH (Month) (Day) (Year) Dec. 3, 1951

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Oct. 8, 1878

9. AGE (In years last birthday) 73 — 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) Shipping Clerk

10b. KIND OF BUSINESS OR INDUSTRY Iron Range Co.

11. BIRTHPLACE (State or foreign country) 9

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Maud I. Grable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 494-03-2743

17. INFORMANT'S SIGNATURE OR NAME Miss Leelah E. Grable — **ADDRESS** 3512 Central

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) Uremia — INTERVAL BETWEEN ONSET AND DEATH 2 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive Renal disease — ?

DUE TO (c) cardiac failure — 1 yr.

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 ☐ NO ☑

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) 442X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1951, *to* 12-3, 1951, *that I last saw the deceased alive on* 12-3, 1951, *and that death occurred at* 2 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) A. K. Fiskel M.D.

23b. ADDRESS 3604 Washington

23c. DATE SIGNED 12-4-51

24a. BURIAL, CREMATION, REMOVAL (Specify) removal

24b. DATE 12/6/51

24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. DEC 4 1951

REGISTRAR'S SIGNATURE J. Earl Smith M.D. W.J.

25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral — **ADDRESS** 1905 Union Blvd.

(Licensed Embalmer's Statement on Reverse Side)

Dr. O.P.J. Falk (1-3)
3604 Washington

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Warren A. Carver

Signed.....
Student Embalmer

Licensed Embalmer No. 3534

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.