

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11180

State File No.

FILED MAR 19 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 141

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

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY SAINT LOUIS: | | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE COLORADO: b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give town) WEBSTER GROVES: | | c. CITY: (If outside corporate limits, write RURAL and give township) DENVER: <u>8050</u> | |
| c. LENGTH OF STAY (In this place) 2 Mths. | | d. STREET ADDRESS (If rural, give location) HOTEL SILVER: | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1033 KUHLMAN LANE. | | | |
| 3. NAME OF DECEASED a. (First) MAY | | b. (Middle) FITE | c. (Last) GRAVIS. |
| (Type or Print) | | 4. DATE OF DEATH JAN'Y 17 1952. | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW | 8. DATE OF BIRTH AUGUST 7, 1896. |
| 9. AGE (In years last birthday) 55 | IF UNDER 1 YEAR Months _____ | IF UNDER 1 YEAR Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CASHIER | | 10b. KIND OF BUSINESS OR INDUSTRY RESTAURANT | 11. BIRTHPLACE (State or foreign country) MORAN, TEXAS. |
| 12. CITIZEN OF WHAT COUNTRY _____ | | | |
| 13a. FATHER'S NAME JEFF FITE | | 13b. MOTHER'S MAIDEN NAME BESSIE UNKNOWN | 14. NAME OF HUSBAND OR WIFE PETE W. GRAVIS |
| 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 465-28-6199 | 17. INFORMANT'S SIGNATURE OR NAME WILMA BURRUS - 1033 KUHLMAN LANE. ADDRESS _____ |
| 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) unknown natural causes INTERVAL BETWEEN ONSET AND DEATH unk ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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) _____ | |
| 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Herbert R. Donke (Degree or title) _____ | | 23b. ADDRESS _____ | 23c. DATE SIGNED _____ |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE JAN'Y 19/52 | 24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY | 24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MISSOURI. |
| DATE REC'D BY LOCAL REG. 1-18-52 | REGISTRAR'S SIGNATURE Herbert R. Donke MD | 25. FUNERAL DIRECTOR'S SIGNATURE C. R. LUPTON & SONS. 7233 DELMAR BLV'D. ADDRESS _____ | |

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.....

Arnold W. Schoene

Signed.....

Student Embalmer

Licensed Embalmer No..... *3864*

P. O. Address..... *St. Louis, 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.