

FILED DEC 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

1003

State File No. 40482
10862

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 St Louis				
b. CITY OR TOWN St Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Webster Groves			
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Louis Maternity			d. STREET ADDRESS (If rural, give location) 425 North Berry Avenue				
3. NAME OF DECEASED (Type or Print) a. (First) _____ b. (Middle) _____ c. (Last) Mc Graw			4. DATE OF DEATH (Month) (Day) (Year) November 10 1952				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) no	8. DATE OF BIRTH November 9 1952		9. AGE (In years last birthday) _____	If UNDER 1 YEAR _____	If UNDER 6 HRS. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) no	10b. KIND OF BUSINESS OR INDUSTRY no	11. BIRTHPLACE (City and State or Foreign Country) St Louis Missouri			12. CITIZEN OF WHAT COUNTRY? no		
13a. FATHER'S NAME William Charles Mc Graw		13b. MOTHER'S MAIDEN NAME Barbara Ann Martin		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS William & Barbara Mc Graw Above 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						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) defectasis						
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Incompatible w/ life - 24 wks. gestation						
	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 checked="" type="checkbox"/> NO <input 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? 7625			
22. I hereby certify that I attended the deceased from November 9, 1952 , to November 10, 1952 , that I last saw the deceased alive on November 10, 1952 , and that death occurred at 12:20 AM , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. P. Vermillion M.D.				23b. ADDRESS Barnes Hospital		23c. DATE SIGNED 11-14-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE 11-29-52	24c. NAME OF CEMETERY OR CREMATORY Anatomical Board		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. NOV 26 1952		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland 4104 Manchester			

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.....

..... Student Embalmer No.

.....
working under my personal supervision.

Student

Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.