

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7580**
Registrar's No. **1973**

No. 300
10.48
LED MAR 11 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
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 2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. City Hospt #1		d. STREET ADDRESS (If rural, give location) 16 3657 Wyoming St 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Emil	b. (Middle) J.	c. (Last) Grau	4. DATE OF DEATH (Month) (Day) (Year)	Feb 19 1953
-------------------------------------	------------------------	-----------------------	-----------------------	---------------------------------------	--------------------

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 30 1890	9. AGE (In years last birthday) 62	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) Warehouse Manager		10b. KIND OF BUSINESS OR INDUSTRY Grocery Country		11. BIRTHPLACE (State or foreign country) Rolla Mo. C		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Jacob Grau	13b. MOTHER'S MAIDEN NAME Josephine Hana	14. NAME OF HUSBAND OR WIFE Anna Grau
--------------------------------------	---	--

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 # 492-07-2439	17. INFORMANT'S SIGNATURE OR NAME Margaret B. Grau	ADDRESS 3657 Wyomong 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, ashenia, 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) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 2/20/53		
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) no	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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201
--	--	--

22. I hereby certify that I attended the deceased from **Jan 10, 1952**, to _____, 19____, that I last saw the deceased alive on **Jan 21, 1952**, and that death occurred at **6:22 AM** from the causes and on the date stated above.

23a. SIGNATURE R. Berg MD (Degree or title)	23b. ADDRESS 3203 S Grand	23c. DATE SIGNED 2/19/53
--	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 21 1953	24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cemt	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
---	------------------------------	---	--

DATE REC'D BY LOCAL REG. FEB 20 1953	REGISTRAR'S SIGNATURE J. C. Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Weick Bros	ADDRESS 2201 S. Grand Blvd
---	---	--	-----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

3

Dr Ralph Berg

3203 S. Grand

SI7857

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 *Ralph Berg*

Licensed Embalmer No. 4366

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.