

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5807

State File No. ....

FILED MAR 8 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 2058 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis Co.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>	c. LENGTH OF STAY (in this place) <u>2 days</u>	c. CITY OR TOWN <u>Robertson</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Joseph Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Rural</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>JOHN</u>	b. (Middle)	c. (Last) <u>GRATZEL</u>	Date: <u>Feb. 27, 1954</u>	Month: <u>Feb.</u>	Year: <u>1954</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Nov. 6, 1883</u>	9. AGE (In years last birthday) <u>70</u>	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) <u>Wire gager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Leschen Mfg. Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
--	--	--	--	---	--	--	--

13a. FATHER'S NAME <u>? Gratzel</u>	13b. MOTHER'S MAIDEN NAME <u>Don't Know</u>		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) <u>No</u>	16. SOCIAL SECURITY NO. <u>489-01-5423</u>	17. INFORMANT'S SIGNATURE OR NAME <u>R. L. Arens, Robertson, Mo.</u>		ADDRESS	
---	---	---	--	---------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism + Pulmonary edema, acute</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 1/2 hrs.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Undet. origin generalized arteriosclerosis,</u> DUE TO (c) <u>including coronary arteries</u>		?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>				

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) (Min.)	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 25 Feb, 1954 to 27 Feb, 1954, that I last saw the deceased alive on 26 Feb, 1954 and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. E. Hengen, M.D.</u>	23b. ADDRESS <u>Pattonville, Mo.</u>	23c. DATE SIGNED <u>27 Feb 54</u>
---	---	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Mar. 2, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cem.,</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>
---	----------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>March 2 1954</u>	REGISTRAR'S SIGNATURE <u>Tranmie Hamilton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Joe W. Clark</u>	ADDRESS <u>1126 Hodiamont Ave.</u>
---	--	---	---------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

St. Louis Mo

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

MAR 5

**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.....  
Signature of Student Embalmer

Signed *Alfred F. Baedeker*  
Licensed Embalmer No. 2663

P. O. Address 1125 Hodi...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.