

STANDARD CERTIFICATE OF DEATH

11009

State File No.

FILED APR 2 1954

BIRTH NO. REG. DIST. NO. 364 PRIMARY REG. DIST. NO. 0237 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <i>Warren</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Hickory Grove</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Pagedale</i>	
c. LENGTH OF STAY (In this place)		4001	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>On U.S. Highway 40</i>		d. STREET ADDRESS (If rural, give location) <i>1408 Leray</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Virginia</i> b. (Middle) <i>Lucille</i> c. (Last) <i>Gravier</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>March 23 1954</i>		
5. SEX <i>F</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	
8. DATE OF BIRTH <i>Oct. 23 1917</i>		9. AGE (In years last birthday) <i>36</i>		IF UNDER 1 YEAR: Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>At home</i>		11. BIRTHPLACE (State or foreign country) <i>Sweet Spring, Mo.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>					

13a. FATHER'S NAME <i>J. D. Fischer</i>		13b. MOTHER'S MAIDEN NAME <i>Etta Wilson</i>		14. NAME OF HUSBAND OR WIFE <i>Carl Gravier</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>Unk</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Carl Gravier</i> ADDRESS <i>1408 Leray</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Broken neck</i>			
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Verdict of coroner jury.</i> DUE TO (c) <i>Broken neck due to overting of car.</i>			
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"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Hickory Grove Warren Mo</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Warren Mo</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>March 23 1954 9:30 pm</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Overting of car</i> 109	

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 (Degree or title) <i>Dr. P. A. Krizge</i>		23b. ADDRESS <i>Warrenton</i>		23c. DATE SIGNED <i>March 23</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>3/26/54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Co, Mo.</i>	
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DATE REC'D BY LOCAL REG. <i>Mar 29 - 54</i>		REGISTRAR'S SIGNATURE <i>Mrs. Forrest Hughes</i> 335 - C		25. FUNERAL DIRECTOR'S SIGNATURE <i>Jos. W. Clark</i> ADDRESS <i>1125 Hodiamont Ave.</i>	
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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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

John S. Penney

Signed.....

Student Embalmer

Licensed Embalmer No. *4194*

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.