No. 300
10.48

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

FILED JUN 10 1955

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 16657

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4579

**1. PLACE OF DEATH**
a. COUNTY ~~St. Louis~~
b. CITY OR TOWN St. Louis
c. LENGTH OF STAY (In this place) 3Y 7M 2D
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. LOUIS CHRONIC HOSPITAL

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location) 5600 Arsenal St. 2139

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**3. NAME OF DECEASED** (Type or Print)
a. (First) JESSIE
b. (Middle) MAE
c. (Last) GRAFE

**4. DATE OF DEATH** (Month) 5 (Day) 21 (Year) 1955

**5. SEX** Female
**6. COLOR OR RACE** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widow
**8. DATE OF BIRTH** January 10, 1893
**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) Waitress
**10b. KIND OF BUSINESS OR INDUSTRY** Restaurant
**11. BIRTHPLACE** (City and State or Foreign Country) St. Louis Mo.
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** John Browning
**13b. MOTHER'S MAIDEN NAME** Mattie ?
**14. NAME OF HUSBAND OR WIFE** Widow

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No. (If yes, give war or dates of service) Nil.
**16. SOCIAL SECURITY NO.** 493-20-7615
**17. INFORMANT'S SIGNATURE OR NAME** Thomas Brady P. A. **ADDRESS** St. Louis, Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Adeno Carcinoma of pancreas — INTERVAL BETWEEN ONSET AND DEATH: 8 Mos.

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.* Hypertensive cardio vascular disease — Years

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES [ ] NO [X]

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?** 157X

22. *I hereby certify that I attended the deceased from* Oct. 19, *19* 51, *to* May 21, *19* 55, *that I last saw the deceased alive on* May 21, *19* 55, *and that death occurred at* 2:32 P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** George M. Jaucha, M.D. (Degree or title)
**23b. ADDRESS** 5600 Arsenal St.
**23c. DATE SIGNED** 5/23/55

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Removal
**24b. DATE** 5-26-55
**24c. NAME OF CEMETERY OR CREMATORY** Laurel Hill Gardens
**24d. LOCATION** (City, town, or county) St. Louis, County, Mo. (State)

**DATE REC'D BY LOCAL REG.** MAY 24 1955
**REGISTRAR'S SIGNATURE** J. Earl Smith M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE** Albert H. Hoppe **ADDRESS** 4700 Washington.

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.