S. No. 300
v. 10.48

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35340

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2460

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Louis Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St Louis
c. CITY OR TOWN: Berkeley 409
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 5945 Dowling

3. NAME OF DECEASED (Type or Print)
a. (First): Grace
b. (Middle): M.
c. (Last): Courtney

4. DATE OF DEATH (Month) (Day) (Year): Oct. 23, 1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 3, 1902
9. AGE (In years last birthday): 53
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: Cafe
11. BIRTHPLACE (City and State or Foreign Country): Cooper County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charles P. Hixon
13b. MOTHER'S MAIDEN NAME: Alda Diefendorf
14. NAME OF HUSBAND OR WIFE: Herschel O. Courtney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 496-36-4391
17. INFORMANT'S SIGNATURE OR NAME: Walter Hixon
ADDRESS: Ferguson, 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): Gun Shot Wound - through & Cerebral Hemisphere — INTERVAL BETWEEN ONSET AND DEATH: 24 hr.

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: E981X
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 5945 Dowling - Berkeley St. Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10-22-55 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Not fired from automatic pistol, in hands of Husband

22. *I hereby certify that I attended the deceased from* 10-22, 1955, *to* 10-23, 1955, *that I last saw the deceased alive on* 10-23, 1955, *and that death occurred at* 4.06 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jack L. Hagedorn (Degree or title) MD
23b. ADDRESS: 601 S. Brentwood Clayton, Mo
23c. DATE SIGNED: 10/24/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-25-55
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): Normandy, Mo.

DATE REC'D BY LOCAL REG.: 10-25-55
REGISTRAR'S SIGNATURE: Herbert R. Rombach MD
25. FUNERAL DIRECTOR'S SIGNATURE: White Chapel
ADDRESS: Ferguson, Mo.

S.G. (Licensed Embalmer's Statement on Reverse Side)

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 embalm

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Eleuan Province

Licensed Embalmer No. 340

P. O. Address Jennings

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