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 Reg. 18026
 SL-7980

FILED SEP 6 1956
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STANDARD CERTIFICATE OF DEATH
 THE DIVISION OF HEALTH OF MISSOURI

STATE FILE NUMBER
 7606

Registration District No. 1003
 Primary Registration District No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. Grand Blvd. St. Louis, Mo.		c. CITY OR TOWN New Haven	
c. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration		d. STREET ADDRESS 15 days	
3. NAME OF DECEASED (Type or print) William W Grubb		4. DATE OF DEATH 8-15-56	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-19-90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Union, Indiana
13. FATHER'S NAME Daniel B Grubb		14. MOTHER'S MAIDEN NAME Elizabeth Cocks	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WWL		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT VA. Hospital Records, St. Louis, Mo.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Gastro-intestinal hemorrhage from Gastric Peptic Ulcer Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) 540.0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 1. Mitral-stenosis 2. Portal Cirrhosis 3. Pulmonary infarcts;			INTERVAL BETWEEN ONSET AND DEATH 2 Weeks
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION New Haven, MO	
21. Attended the deceased from 7-31-56 to 8-15-56 and last saw him alive on 8-15-56 Death occurred at 6:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
22a. SIGNATURE David D. Mottling David D. Mottling M. D.		22b. ADDRESS VAH, St. Louis, Mo.	
22c. DATE SIGNED 8-15-56		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 8-16-56		23c. NAME OF CEMETERY OR CREMATORY New Haven, MO	
24. FUNERAL DIRECTOR Edw. Fendler Mortuary		25. DATE RECD. BY LOCAL REG. AUG 16 1956	
26. REGISTRAR'S SIGNATURE		26. REGISTRAR'S SIGNATURE	

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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..... *Henry J. Thomas*

Licensed Embalmer No. *26*

P. O. Address *5611 S. Grand*

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