

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0-22248
(State File No.)

FILED JUN 17 1957

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 157

1. PLACE OF DEATH a. COUNTY Saint Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) Saint Charles	c. LENGTH OF STAY (In this place) 2 days	c. CITY OR TOWN Saint Charles	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Joseph's Hospital		e. STREET ADDRESS (If rural, give location) 2031 North Fifth 09230	

3. NAME OF DECEASED (Type or Print) a. (First) Emma	b. (Middle) K.	c. (Last) Gravemann	4. DATE OF DEATH (Month) (Day) (Year) June 13, 1957
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 25, 1877	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 48 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own	11. BIRTHPLACE (City and State or Foreign Country) Saint Charles Co., Mo.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Henry Schneiter	13b. MOTHER'S MAIDEN NAME Wilhelmina Roetger	14. NAME OF HUSBAND OR WIFE Henry F. Gravemann
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Henry F. Gravemann	ADDRESS St. Charles, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Peritonitis		4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gangrene of ileum DUE TO (c) Polypus of ileum		4 days 4 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease		5 yrs	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 5703	20. AUTOPSY? () YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **February 1957**, to **June 1957**, and that I last saw the deceased alive on **6/12**, 1957, and that death occurred at **9:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Paul W. Loken M.D. (Degree or title)	23b. ADDRESS St. Charles, Mo.	23c. DATE SIGNED 6/14/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 16, 1957	24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery	24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.
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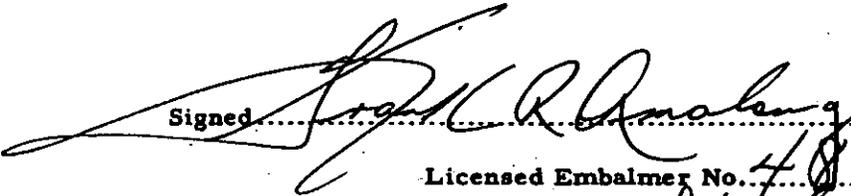
DATE REC'D BY LOCAL REG. JUNE 14-57	REGISTRAR'S SIGNATURE Marceena Wilson	25. FUNERAL DIRECTOR'S SIGNATURE W.C. Dalbey	ADDRESS St. Charles, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....
Licensed Embalmer No. 48

P. O. Address: St. Charles.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.