

No. 300
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THE DIVISION OF HEALTH OF MISSOURI 19014-58
STANDARD CERTIFICATE OF DEATH

58-011679
State File No.

FILED MAR 27 1958

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3246

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY 12069

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) township) 15 hrs
c. CITY OR TOWN St. Louis 12 d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital e. STREET ADDRESS (If rural, give location) 5729 Highland

3. NAME OF DECEASED a. (First) Annette b. (Middle) _____ c. (Last) Graham 4. DATE OF DEATH (Month) (Day) (Year) March 19, 1958

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED 8. DATE OF BIRTH March 18, 1958 9. AGE (in years last birthday) 15 If UNDER 1 YEAR Months _____ Days _____ If UNDER 12 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Edward Graham 13b. MOTHER'S MAIDEN NAME Geraldine Hasek 14. NAME OF HUSBAND OR WIFE _____

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. none 17. INFORMANT'S SIGNATURE OR NAME Geraldine Graham ADDRESS _____

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, asthma, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis INTERVAL BETWEEN ONSET AND DEATH 15 hours
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Post maturity Syndrome
DUE TO (c) 7620
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Edema

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 18 Mar 1958, to 19 Mar 1958, that I last saw the deceased alive on 18 Mar 1958, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward J. Hall M.D. 23b. ADDRESS 116 S. Horissant Rd 23c. DATE SIGNED 19 Mar 58

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 3-20-1958 24c. NAME OF CEMETERY OR CREMATORY Fee Fee Cemetery 24d. LOCATION (City, town, or county) (State) Pattonville, Missouri

DATE REC'D BY LOCAL REG. MAR 19 1958 REGISTRAR'S SIGNATURE J. Carl Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Baumann Bros. Inc. 2501 Woodson Rd. Overland, Mo.

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..... *David C. Gibson*

Licensed Embalmer No. *3412*

P. O. Address... *Coverland*

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.