

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015848

FILED MAY 8 1958

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 4330

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>388 Groute City Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>1310 Benton St.</b>	
Length of stay in lb <b>269</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Franklin</b> Middle <b>Delano</b> Last <b>Gravil</b>			4. DATE OF DEATH Month <b>April</b> Day <b>19</b> Year <b>1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 1, 1934</b>
9. AGE (In years last birthday) <b>24</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Welder</b>	
11. BIRTHPLACE (City and state or country) <b>Poplar Bluff, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Ike Gravil</b>		13b. MOTHER'S MAIDEN NAME <b>Augusta Green</b>	
14. NAME OF HUSBAND OR WIFE <b>Betty</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>Peace time</b>	
16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT Address <b>Betty Gravil, 1310 Benton St.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Fracture of Skull;</b> <b>Brain Injury.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <b>Fracture of Skull;</b> DUE TO (c) <b>Brain Injury.</b>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH <b>Substance abuse - Cocaine, amphetamine, and alcohol. Substar cycle operated by Verue Trueter, in vicinity of 13th and Mullanbry Streets, approx 340 p.m., April 19, 1958.</b>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (E.g. for nature of injury in detail, or for nature of accident) <b>Verue Trueter, in vicinity of 13th and Mullanbry Streets, approx 340 p.m., April 19, 1958.</b>	
20c. TIME OF INJURY <b>Hour 4 p.m. Month, Day, Year 4 19 58</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office Bldg., etc.) <b>26 Street</b>		20f. CITY, TOWN, OR LOCATION <b>St. Louis Mo</b>	
20g. COUNTY <b>000</b>		20h. STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <b>3:55 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>James M. Kelly</b>		22b. ADDRESS <b>1300 Clark</b>	
22c. DATE SIGNED <b>4-21-58</b>		22d. SIGNATURE <b>Earl Smith</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>4-22-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Black Creek Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Poplar Bluff, Mo.</b>	
24. FUNERAL DIRECTOR <b>Albert H. Hoppe, 4700 Washington Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>APR 21 '58</b>	
26. REGISTRAR'S SIGNATURE <b>Earl Smith</b>			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAY 16 1958

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 *Elmer R. Gardner*

Licensed Embalmer No. *4977*  
P. O. Address *St. Louis*

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.