Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-022970
STATE FILE NUMBER

FILED JUN 30-1958 Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 164

1. PLACE OF DEATH a. COUNTY St. Charles	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis
b. CITY OR TOWN St. Charles — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Chesterfield — Inside Limits Yes [ ] No [X]
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Josephs Hosp. — Length of stay in Hospital 1 day	d. STREET ADDRESS (If outside, give location) 14000 Clarkson Road — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print)	First: David	Middle: Lee	Last: Graeler	4. DATE OF DEATH	Month Day Year: June 25, 1958
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: June 25, 1958	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours 15, Min. 34
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none	10b. KIND OF BUSINESS OR INDUSTRY: none	11. BIRTHPLACE (City and state or country): St. Charles, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME: Clarence E. Graeler	13b. MOTHER'S MAIDEN NAME: Judith Ann Burnette	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: Clarence E. Graeler, Address: Clarkson Road			

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.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Atelectasis	12-14 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)		
DUE TO (c)	7620	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ] /

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 25, 1958, to June 25, 1958 and last saw her/him alive on June 25, 1958
Death occurred at 5:05 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William G. Mallarky, M.D.	22b. ADDRESS: 8211 St. Charles	22c. DATE SIGNED: 26 June 1958

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 6-27-1958	23c. NAME OF CEMETERY OR CREMATORY: St. Pauls Ev. Cemetery	23d. LOCATION (City, town, or county) (State): Olivette, Missouri
24. FUNERAL DIRECTOR: Baumann Bros. Inc.	ADDRESS: 2504 Woodson Rd Overland, Mo.	25. DATE RECD. BY LOCAL REG.: June 26-58	26. REGISTRAR'S SIGNATURE: Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

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. 3 [illegible]

P. O. Address Portland

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.