

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043727

State File No. ....

FILED DEC 16 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 5429 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>					
b. CITY OR TOWN <u>Rural, Lyon</u>		c. LENGTH OF STAY (in this place) <u>8 days</u>		c. CITY OR TOWN <u>Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Beaufort Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>Beaufort Mo</u>					
3. NAME OF DECEASED a. (First) <u>Irma.</u>			b. (Middle) <u>B.</u>		c. (Last) <u>Abrolat.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 10 1958</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>March 1, 1907</u>		9. AGE (In years last birthday) <u>51</u>		If UNDER 1 YEAR Months <u>9</u> Days <u>9</u>	If UNDER 24 hrs. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Peter Grinster</u>			13b. MOTHER'S MAIDEN NAME <u>Rubine Schneider</u>			14. NAME OF HUSBAND OR WIFE <u>Arthur Abrolat</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>			16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>Wither Abrolat</u>			ADDRESS <u>Beaufort Mo</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>					INTERVAL BETWEEN ONSET AND DEATH <u>11:00 hrs</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u>							
		DUE TO (c) <u>Petite Mal</u>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Petite Mal</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>12-10-58</u> to <u>12-10</u> , 1958, that I last saw the deceased alive on <u>12-10</u> , 1958, and that death occurred at <u>9:10 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Death or title) <u>Charles E. Leary</u>					23b. ADDRESS <u>St. Louis Mo.</u>		23c. DATE SIGNED <u>12-10-58</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 13 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Paul.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>				
DATE REC'D BY LOCAL REG. <u>Dec. 11-1958</u>		REGISTRAR'S SIGNATURE <u>John Charles Leary</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. H. Lemme, Beaufort Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 9 1959

JAN 9 1959

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 E H Lemme Student Embalmer No. ....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed E H Lemme

Licensed Embalmer No. 3076

P. O. Address Beaufort

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.