

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007152

STATE FILE NUMBER

1242

FILED FEB 17 1959

Registration District No.

Primary Registration District No.

Registration No.

300

-57

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574

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5881 1/2 Plymouth Ave		Length of stay in lb 10 years	d. STREET ADDRESS (If outside, give location) 5881 1/2 Plymouth Ave.
3. NAME OF DECEASED (Type or print) First Middle Last Antonia Graosle		4. DATE OF DEATH Month Day Year Feb. 3 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 16, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (In years last birthday) 78 yrs
11. BIRTHPLACE (City and state or country) Nowark, New Jersey		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Schwind		13b. MOTHER'S MAIDEN NAME Cecelia Inls	14. NAME OF HUSBAND OR WIFE Late Frederick Graosle
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. Unknown	17. INFORMANT Address Mrs. Edw. Grossmann, 8911 Cozens Ave. 21
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Sclerosis (occlusion)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cardio-vascular Disease</u> DUE TO (c) <u>420.1</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> <u>2 yrs</u>
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) -	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		-	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <u>Apr 15-1957</u> to <u>Feb 3-1959</u> and last saw ^{her} _{him} alive on <u>Jan 27/59</u> . Death occurred at <u>9 a.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. Mrs. J. J. Langan M.D.</u>		22b. ADDRESS <u>5803 Plymouth Ave. St. Louis Mo</u>	22c. DATE SIGNED <u>Feb 4/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE Feb. 5, 1959	23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.
24. FUNERAL DIRECTOR ADDRESS CALVIN F. FEUTZ, 4828 NAT'L BRIDGE BLVD.		25. DATE RECD. BY LOCAL REG. FEB 4 59	26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>

3. P.

File in City.

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 *John A. Miller*

Licensed Embalmer No. *4186*

P. O. Address *St. Louis, Mo.*

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.