

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017275
STATE FILE NUMBER

FILED JUN 2 1959

Registration District No. 111 Primary Registration District No. 4183 Registrar's No. _____

300
1-57

| | | | | | | |
|---|----------------------------------|---|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Franklin | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pacific | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Pacific | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 2 Sylvan | | Length of stay in lb 2 Mo. | d. STREET OR ADDRESS Route 2 Sylvan | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Manor Middle Last Grass | | | 4. DATE OF DEATH Month 5 Day 8 Year 1959 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Aug. 3, 1890 | | 9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Bayer (ret.) | | 10b. KIND OF BUSINESS OR INDUSTRY Minner Fur Co. | | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Peter Grass | | 13b. MOTHER'S MAIDEN NAME Louisa Kettler | | |
| 14. NAME OF HUSBAND OR WIFE Hazel M. Grass | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (No, or, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 494-07-6419 | | |
| 17. INFORMANT Mrs. Hazel M. Grass | | Address Route 2 Sylvan | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary infarction - 1st arteriosclerotic heart disease, Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hepatic chronic. old coronary infarcti 13 yrs. | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) 4200 | | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | | 20d. INJURY OCCURRED WHILE AT WORK <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 Dec. 17-58 to May 8-59 and last saw her alive on 5/23-59 Death occurred at 6 am on the date listed above and to the best of my knowledge, from the causes stated. | | | 22a. SIGNATURE [Signature] (Degree or title) | | | |
| 22b. ADDRESS Pacific Ch. | | | 22c. DATE SIGNED 5/27/59 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 23b. DATE 5/11/59 | | 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery | | |
| 23d. LOCATION (City, town, or county) St. Louis County | | STATE Mo. | | | | |
| 24. FUNERAL DIRECTOR Drehmann-Harral, 1905 Union Blvd. | | | 25. DATE RECD. BY LOCAL REG. May 30-59 | | 26. REGISTRAR'S SIGNATURE Mary B. Grass | |

(Licensed Embalmer's Statement on Reverse Side)

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.

MP USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
P.B. Ecker

94-5

Dr. D. B. Ecker
214 N. 1st St.
Pacific, Mo.
Clearwater 7-2234
Hrs. 1-5

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 *Warren A. Carver*

Licensed Embalmer No. *3534*

P. O. Address

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.