

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019190

STATE FILE NUMBER
Registral' 2 4562

FILED MAY 22 1959 Registration District No. Primary Registration District No.

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 St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		Length of stay in 1b. 17 weeks	d. STREET ADDRESS (If outside, give location) 4399 McPherson Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last
Rutherford Berchard Hayes Gradwohl (M.D.)

4. DATE OF DEATH Month Day Year
May 9th, 1959

5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 4th, 1877	9. AGE (In years last birthday) n 82	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS Hours Min.
--------------------	------------------------------	---	--	--	---	-------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pathologist M.D.	10b. KIND OF BUSINESS OR INDUSTRY Pathologist	11. BIRTHPLACE (City and state or country) Baltimore Maryland /	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	---	---

13a. FATHER'S NAME Emmanuel Charles Gradwohl	13b. MOTHER'S MAIDEN NAME Sarah Wetzler	14. NAME OF HUSBAND OR WIFE Ida Gradwohl (Deceased)
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.I.	16. SOCIAL SECURITY NO. 494-09-8645	17. INFORMANT Address Mrs. Lucion Erskine 3721 Clifton
---	---	--

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

IMMEDIATE CAUSE (a) **Cerebral Hemorrhage**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) **Hypertension**

DUE TO (c) **331x**

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 NO

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 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 Oct 1, 1955 to May 9, 1959 and last saw ^{her} _{him} alive on May 8, 1958 Death occurred at 5.30 a m on the 9 date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE (Degree or title) Jacobs Elson, M.D.	22b. ADDRESS 607 N. Grand	22c. DATE SIGNED 5/9/59
---	-------------------------------------	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) cremation	23b. DATE 5-11-1959	23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	23d. LOCATION (City, town, or county) (State) St. Louis Missouri
---	-------------------------------	---	--

24. FUNERAL DIRECTOR Arthur J. Donnelly	ADDRESS 3840 Lindell Blvd.	25. DATE RECD. BY LOCAL REG. MAY 11 '59	26. REGISTRAR'S SIGNATURE Ing. Loan Smith, M.D.
---	--------------------------------------	---	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

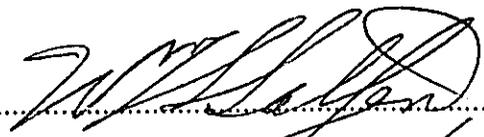
MEDICAL CERTIFICATION

1910 10 10

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 

Licensed Embalmer No. 4699

P. O. Address 3040

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.