

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023627
State File No.

FILED JUL 3 1959

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 16924

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>1</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kirkwood</u>	c. LENGTH OF STAY (in this place) (township) <u>5 wks.</u>	c. CITY OR TOWN <u>Pacific</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph</u>		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Victor</u>	b. (Middle) <u>v</u>	c. (Last) <u>Grab</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 22, 1959</u>
5. SEX <u>m.</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 16, 1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>painter</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Melrose, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>

13a. FATHER'S NAME <u>Gustav Grab</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Halbach</u>	14. NAME OF HUSBAND OR WIFE <u>Erna Grab, Pacific Mo</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>494-05-1218</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Reeby Roach, Pacific 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>151X</u>		

19a. DATE OF OPERATION <u>23 May 59</u>	19b. MAJOR FINDINGS OF OPERATION <u>Large polypoid tumor filling most of stomach</u>	20. AUTOPSY? <u>2</u> 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)	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 14 May, 1959, to 22 June, 1959, that I last saw the deceased alive on 22 June, 1959, and that death occurred at 7:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Pacific Mo</u>	23c. DATE SIGNED <u>23 June 59</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>June 25 59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial</u>
		24d. LOCATION (City, town, or county) (State) <u>Pacific Mo</u>

DATE REC'D BY LOCAL REG. <u>6-24-59</u>	REGISTRAR'S SIGNATURE <u>John C. Murphy, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs John L. Thebe Pacific Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 24 1958

AUG 13 1958

JUL 20 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 Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Ralph Altman

Licensed Embalmer No. 4808

P. O. Address Union T

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.