

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-020446

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5330** STATE FILE NUMBER

VS 300 Rev. 4/59
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF MEDICAL CERTIFICATION DOCUMENT

FILED JUN 7 1962

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b **34-yrs.**
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **4368 Chippewa St.** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY _____
c. CITY OR TOWN **St. Louis** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **4368 Chippewa St.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Ludwin** Middle _____ Last **Grau** 4. DATE OF DEATH Month **May** Day **24** Year **1962**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **8/9/92** 9. AGE (last birthday) **69** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **(retired) Switchman** 10b. KIND OF BUSINESS OR INDUSTRY **Mo. Pacific R.R.** 11. BIRTHPLACE (City and state or country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Jacob Grau** 13b. MOTHER'S MAIDEN NAME **Josephine** 14. NAME OF HUSBAND OR WIFE **Katherine Grau**

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 **Katherine Grau - 4368 Chippewa** Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **APOPLEXY**
Condition which may rise to operating cause, starting the underlying cause (b) **Cerebrovascular hemorrhage**
DUE TO (c) **HYPERTENSIVE HEART DISEASE** 10 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **443X**
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 **Nov 29 1954** and last saw him alive on **4/22/62**
Death occurred at **2:30 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **John T. Anderson M.D.** 22b. ADDRESS **1504 So Grand St. St. Louis, Mo** 22c. DATE SIGNED **5/25/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **May 28, 1962** 23c. NAME OF CEMETERY OR CREMATORY **Park Lawn Cemetery** 23d. LOCATION (City, town, or county) **St. Louis County, Missouri**

24. FUNERAL DIRECTOR **WACKER-HELDERLE** ADDRESS **3634 Gravois Ave.** 25. DATE RECD. BY LOCAL REG. **MAY 28 1962** 26. REGISTRAR'S SIGNATURE **Coal Smith. M.D.**

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

Phineas M. Billo
Licensed Embalmer No. 4375
P.O. Address St. Louis 23, 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.