

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007396

STATE FILE NUMBER

2 1329

Registration District No. _____ Primary Registration District No. _____ Registrar No. _____

FILED MAR 2 1959

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST LOUIS</u>		a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LUTHERAN Hosp</u>		c. CITY OR TOWN <u>LEMAV 4860</u>	
Length of stay in 1b <u>11 DAYS</u>		d. STREET ADDRESS (If outside, give location) <u>1521 TELEGRAPH RD</u>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <u>GRACE</u> Middle <u>ALICE</u> Last <u>McCARTY</u>		Month <u>FEB</u> Day <u>4</u> Year <u>1959</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT. 4-1887</u>
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR	IF UNDER 24 HRS.
		Months <u>5</u> Days <u>0</u> Hours <u>0</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (City and state or country) <u>BONNE TERRE, Mo</u>
13. FATHER'S NAME <u>BYRON PRATTE</u>		14. MOTHER'S MAIDEN NAME <u>SUSSIE COMPTON</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NONE</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT Address <u>MISS NAUDINE McCARTY 1521 TELEGRAPH RD, LEMAY, Mo.</u>
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>CEREBRAL VASCULAR ACCIDENT</u> <u>arteriosclerosis, cerebral</u> DUE TO (b) <u>ARTERIOSCLEROSIS CEREBRAL</u> <u>hypertensive vascular disease</u> DUE TO (c) <u>HYPERTENSIVE VASCULAR DISEASE</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>331X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
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. Month, Day, Year _____			
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 <u>Nov 58</u> to <u>Feb 59</u> and last saw her/him alive on <u>2-4-59</u> . Death occurred at <u>10 10 P.M.</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Leo A. Trunko</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>1900 Telegraph Rd.</u>	22c. DATE SIGNED <u>2-6-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>FEB-7-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CHARTER Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>CHARTER, MISSOURI</u>
24. FUNERAL DIRECTOR ADDRESS <u>FEY FUNERAL HOME, MENKVILLE, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>FEB 7 '59</u>	26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>

00-56-16-3 L

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

diseases in Part I must be casually related.

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 *Harvey Kable*.....

Licensed Embalmer No. *45*.....

P. O. Address *Flouissant*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER, in his OWN HANDWRITING,
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.