

FILED JAN 26 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 28411  
Registrar's No. 0212

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>26 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2229</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1226 South 14th Street</u>			d. STREET ADDRESS (If rural, give location) <u>1226 South 14th Street</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>THORNTON</u>		b. (Middle) <u>W</u>		c. (Last) <u>GRADOLF</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	
8. DATE OF BIRTH <u>March 5, 1894</u>		9. AGE (In years last birthday) <u>57</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. BIRTHPLACE (State or foreign country) <u>D California Missouri</u>		12. CITIZEN OF WHAT COUNTRY? _____		13. IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>D California Missouri</u>	
13a. FATHER'S NAME <u>August A. Gradolf</u>		13b. MOTHER'S MAIDEN NAME <u>Nora Dearing</u>		14. NAME OF HUSBAND OR WIFE <u>Georgia</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>329-10-9477</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Georgia Gradolf 1226 So. 14th Street</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Carcinoma of kidney</u> ANTECEDENT CAUSES <u>with widespread metastases</u> DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Arteriosclerosis heart disease</u>		19a. DATE OF OPERATION <u>15 Jan 52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of left kidney</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., floor 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? <u>180X</u>	
22. I hereby certify that I attended the deceased from <u>Nov 1950</u> , to <u>6 Jan 1952</u> , that I last saw the deceased alive on <u>5 Jan 1952</u> , and that death occurred at <u>12:05 Pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Richard H. Jones M.D.</u>		(Degree or title)		23b. ADDRESS <u>3720 Washington</u>	
23c. DATE SIGNED <u>8 Jan 52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-9-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Old City</u>		24d. LOCATION (City, town, or county) (State) <u>California, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McLaughlin 2301 Lafayette Avenue</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Richard Jones, MD  
3720 Washington Bl.

2-4 p.m. Mon.

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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 .....  
Student Embalmer

Signed

*H. G. Farris*

Licensed Embalmer No. 3384

P. O. Address 2301 Lafayette

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 this body is not embalmed, fact should be so stated above.