REC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791

13220
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 1003

(b) Township 1 Primary Registration District No. Registered No. 3562

(c) City St. Louis (d) Street No. 5861 Plymouth St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 6/22 Maude S. Grierson

(a) Residence, No. 5861 Plymouth St. 5
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 13, ~~1885~~ 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	65	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. dressmaker

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Covington Kentucky 1

FATHER

13. NAME Robert W. Grierson 5

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dublin, Ireland 5

MOTHER

15. MAIDEN NAME Sarah McFarland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT E. C. Grierson
(ADDRESS) 317 Nelda

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE 4/19/39 19

19. FUNERAL DIRECTOR (NAME) Alexander and Sons
(ADDRESS) 6175 Delmar Blvd

20. FILED APR 18 1939 J. D. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 17 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 27, 1939, to Apr. 17, 1939

I last saw h... alive on Apr. 15, 1939. Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset Mar. 27 1939

Other contributory causes of importance:

Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. Rhyan, M. D.

(Address) 607 N. Grand Bl.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

X14028

Dr Cyprist
11 - 21
Univ Clark Bldg

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 .....,

Registered Apprentice No....., working under my personal supervision.

Signed J. Wm Binkley

Licensed Embalmer No. 3653

P. O. Address 4175 Delmar

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.)

St. Louis Mo.

If this body is not embalmed, above space should be left blank.