

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

16925
Do not use this space.

1. PLACE OF DEATH *again JUN 12 1939*

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003** Registered No. **4459**
 (c) City *or* **St. Louis, Missouri** (d) Street No. **City Sanitarium** 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 **Thomas Grady**
 (a) Residence, No. **Stagg Hotel 819 Market St** St. **25** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widower**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **1-6-1852**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 4 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Nil**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Nil**
 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) **Unknown Ohio**

FATHER 13. NAME **Thomas Grady**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Ireland**

MOTHER 15. MAIDEN NAME **Mary Kanton**

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

17. INFORMANT **W. Gansloser M. D.**
 (ADDRESS) **5400 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Memorial Park** DATE **May 16 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **See L. P. Pletcher & Co. 5966-68 E. 12th Ave.**

20. FILED **MAY 15 1939** **J. D. Pletcher** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-13-39** 19

22. I HEREBY CERTIFY, That I attended deceased from **July 1. 1938** 19 to **5-13-39** 19

I last saw him alive on **5-13-39** 19. Death is said to have occurred on the date stated above, at **3:30 A.M.**
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 7-1-38-x
Senility 7-1-38-x
 Date of onset

Other contributory causes of importance:
 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?
 If so, specify (Signed) **W. Gansloser** M. D.
 (Address).....

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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.

1-X10625

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 3454

David C. Gibson, Registered Apprentice No. _____
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address St Louis 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 this body is not embalmed, above space should be left blank.