DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37698

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 9537

1. PLACE OF DEATH:
(a) County: 1
(b) City or town: ST. LOUIS, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: FIRMIN DESLOGE HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 YRS, 3 MO. & 2 DAYS (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 1
(c) City or town: St. Louis 25
(If outside city or town limits, write "RURAL")
(d) Street No.: Fr. Dempsey's Hotel
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME: MARY JOSEPHINE GRANT 1053
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Nov. (Month) 5th (Day) 1861 (Year)
8. AGE: Years 78 Months 0 Days 1 If less than one day _____ hr. _____ min.
9. Birthplace: Cinncinnatti (City, town, or county) Ohio (State or foreign country)
10. Usual occupation: Music Teacher 1
11. Industry or business: 7
MOTHER FATHER
12. Name: James B. Grant
13. Birthplace: Unknown 4 (City, town, or county) (State or foreign country)
14. Maiden name: Amelia Schwartz
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant's own signature: JamesE. Grant
(b) Address: 3868 Cleveland Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-9-39 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cem.
18. (a) Signature of funeral director: Kriegshauser Mortuaries
(b) Address: 4228 So. Kingshighway
19. (a) NOV 8 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 6 year 1939 hour 9 minute 10 P.M.
21. I hereby certify that I attended the deceased from JULY 1, 1939, to NOVEMBER 6, 1939; that I last saw her alive on NOVEMBER 6, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: CARDIAC DECOMPENSATION	8 DAYS
Due to: ARTERIOSCLEROTIC CARDIO-RENAL-VASCULAR DISEASE	UNCERTAIN
Due to:	
Other conditions: NONE (Include pregnancy within 3 months of death)	

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Major findings: Of operations: NONE

Of autopsy: MUCH ARTERIOSCLEROSIS; CARDIAC HYPERTROPHY, MARKED PULMONARY EDEMA.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): No.
(b) Date of occurrence: _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
(e) While at work? _____ (e) Means of injury: _____
23. Signature: Henry L. Oppenheimer (M. D. or other) MD
Address: 1325 SOUTH GRAND BLVD. Date signed: 11/7/39.

(Licensed Embalmer's Statement on Reverse Side)

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

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.

MO-VS-1 (Rev. 1-39) 1 X19511

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 Edwin A. Dermott

Licensed Embalmer No. 3024

P. O. Address.....

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.