

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **1097**

1. PLACE OF DEATH:

(a) County **St Louis** **3**  
(b) City or town **St Louis**  
(c) Name of hospital or institution **St. Charles Hospital**  
(d) Length of stay: In hospital or institution **15 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County \_\_\_\_\_  
(c) City or town **St Louis** **21**  
(d) Street No. **2328 Pine** (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

In this community **15 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Joe Grandeson**

3. (b) If veteran, name war **Worlds War** 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ada Grandeson** 6. (c) Age of husband or wife if alive **33** years

7. Birth date of deceased **Feb 12 1895**  
(Month) (Day) (Year)

8. AGE: Years **44** Months **11** Days **18** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Tenn** (City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name **Joe Grandeson** **9**

13. Birthplace **Tenn** (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Ada Grandeson**

(b) Address **221 so Leffingwell**

17. (a) **Burial** (b) Date thereof **Feb 5 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Jefferson Barrack**

18. (a) Signature of funeral director **J. W. Hughes**

(b) Address **2620 Lawton**

19. (a) **FEB 3 1940** (Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **1** day **30**  
year **1940** hour **7** minute **35 A** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death **Abscess of Brain**

Due to **Causes Unknown**

Due to **Edema of Brain**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **78**

Of autopsy \_\_\_\_\_

Duration

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) \_\_\_\_\_  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Joseph M. Jackson** (If other than registrar)  
Address **Deputy Coroner** Date signed \_\_\_\_\_

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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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Lyda Hughes*

Licensed Embalmer No. *2938*

P. O. Address *2620 Lawton*

**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.**