

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4124

1. PLACE OF DEATH:

(a) County ST LOUIS
 (b) City or town ST LOUIS
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: BARNES HOSPITAL 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 DAY (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME JAMES DAVID GRANT 653

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED6. (b) Name of husband or wife MARY C. GRANT 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased JULY 8 - 1865
(Month) (Day) (Year)8. AGE: Years 74 Months 9 Days 29 If less than one day _____ hr. _____ min.9. Birthplace EDINBURGH SCOTLAND
(City, town, or county) (State or foreign country)10. Usual occupation WHOLESALE DRY GOODS11. Industry or business RETIRED12. Name JAMES GRANT 41113. Birthplace GRANT-TOWN SCOTLAND
(City, town, or county) (State or foreign country)14. Maiden name ANN GORDEN 115. Birthplace SCOTLAND
(City, town, or county) (State or foreign country)16. (a) Informant's own signature J. Grant(b) Address 515 Dickson - Kirkwood17. (a) BURIAL (b) Date thereof MAY 9 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation OAK HILL CEM.18. (a) Signature of funeral director Parker and Co(b) Address Webster Groves mo19. (a) MAY 8 1940 (b) J. B. Cotton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS
 (c) City or town KIRKWOOD NR
 (If outside city or town limits, write "RURAL")
 (d) Street No. 515 DICKSON
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 51 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th
year 1940 hour 5:10 minute A. M.21. I hereby certify that I attended the deceased from November 6th, 1931, to May 6th, 1940, that I last saw him alive on May 6th, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Cardiac FailureDue to Obstruction fromCancer of NeckDue to Spread from siteLaryngeal Cancer (removed)Other conditions arteriosclerosis
(Include pregnancy within 3 months of death)Major findings: Cancer of Larynx (removed)

Of operations _____ Underline the cause to which death should be charged statistically

Of autopsy ✓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 _____28. Signature J. B. Cotton (M. D. or other M.D.)Address 3720 Washington Date signed 5/8/40

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 *Lo Le Aldrich*

Licensed Embalmer No. 1332

P. O. Address Webster Groves

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.