

STANDARD CERTIFICATE OF DEATH

State File No. 33456

NOV 18 1940

Registration District No. 791

Primary Registration District No.

Registrar's No. 8153

I. PLACE OF DEATH

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution City Hospital
(d) Length of stay: In hospital or institution 1
In this community 1 years, months or days

8. (a) PRINT FULL NAME Scott Graymont

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex male 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. Unknown
(Month) (Day) (Year)

8. AGE: Years 55 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business Unknown

12. Name Unknown

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

14. Maiden name "
15. Birthplace "
(City, town, or county) (State or foreign country)

16. (a) Informant Delmer Fitzwater P.D.

(b) Address 4218 Clay

17. (a) (Burial, cremation, or removal) Westington (b) Date thereof 9-17-40
(Month) (Day) (Year)

(c) Place: burial or cremation Westington

18. (a) Signature of funeral director W. Bentley

(b) Address 2500 N. 2nd

19. (a) OCT 1 1940 (b) J. B. Burch
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis 25
(If outside city or town limits, write "RURAL")
(d) Street No. 6157 Walnut
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 7
year 1940 hour 12:30 minute P. 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 Fracture of skull
Subdural hemorrhage to
the brain, suffered when
deceased fell down on
flight of stairs

Other conditions Leading from the 4th to
3rd floor at the
corner of 6157 Walnut
St. Louis, Mo. 7-1940 at approx
7:00 A.M.

Major causes of operations _____

Of autopsy Accidental

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accidental

(b) Date of occurrence 9/7/40

(c) Where did injury occur? St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
25 Butler Place

While at work? _____ (Specify type of place) (e) Means of injury Stair

23. Signature Joseph M. Tamm (M.D. or other)

Address Deputy Coroner Date signed _____

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

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 _____

Licensed Embalmer No. _____

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.