

No. 2
-1-4-41
5-17-39
I X26390

FILED AUG 28 1941 791
Registration District No.

Primary Registration District No.

Registrar's No. **6229**

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer G. Phillips Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 Hrs. & 46 Min.
(Specify whether

In this community..... 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County..... 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 119

(d) Street No. 1523 Pendleton
(If rural, give location)

(e) Citizen of foreign country?..... 0 (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Infant Grusoe

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1941 hour 11 minute 10 PM.

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced..... 0

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased: 7 (Month) 3 (Day) 41 (Year)

8. AGE: Years Months Days 2 if less than one day
26 hr. 46 min.

21. I hereby certify that I attended the deceased from 7-3- 1941 to 7-4- 1941
that I last saw her alive on 7-4- 1941
and that death occurred on the date and hour stated above.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation.....

Immediate cause of death Atelectasis Duration

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy..... As above

MOTHER FATHER

11. Industry or business.....

12. Name Charles A. E. Grusoe

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

14. Maiden name Sadie Muriel

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

16. (a) Informant Catherine Mary Sherrill

(b) Address 2601 N. Whittier

17. (a) Burial (b) Date thereof 7-31-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director Wm. H. Hamilton

(b) Address City Health Dept.

19. (a) 41 (b) J. H. Phillips
(Registrar) (Registrar's signature)

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) Means of injury.....

23. Signature Lewis J. Hodar M.D. or other) 0

Address H. G. Phillips Date signed.....

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

0
7
9

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, fact should be so stated above.