

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40745

FILED JAN 24 1942 791

State File No. 10529

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

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:  
2671 1/2 Lucas Ave  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 600

(c) City or town St. Louis 21 17  
(If outside city or town limits, write "RURAL")

(d) Street No. 2671 1/2 Lucas Ave 9  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Mrs. Charlie Grant

3. (b) If veteran, name war

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23rd  
year 1941 hour 6:20 minute P. M.

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

4. Sex F. 3. (a) Single, widowed, married, divorced Widow

5. Color of race Col.

6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
Joseph Grant 10 1897  
Birth date of deceased (Month) (Day) (Year)

Immediate cause of death Internal hemorrhage from laceration of both lungs, liver & spleen when he was struck by an automobile driven by one Peyton C. Seltzer in front of about 316 Skinner Bluff about 6:00 P.M. December 23, 1941.

8. AGE: Years 64 Months 8 Days 13 If less than one day hr. min.

Due to by an automobile driven by one Peyton C. Seltzer in front of about 316 Skinner Bluff about 6:00 P.M. December 23, 1941.

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation Laundress

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: no

Operations no

Autopsy no

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

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

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

(b) Date of occurrence Dec 23 1941 6:20

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place (Specify type of place)

While at work? (a) Means of injury 3

23. Signature Thomas F. Callahan (M. D. or other)  
Address Deputy Coroner Date signed 12/30/41

16. (a) Informant Mrs. Lethia Kilgore

(b) Address 1312 E. N. Sarah St.

17. (a) Burial (b) Date thereof Feb 2nd  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director W. G. Gordon

(b) Address 2649 N. Selmar Blvd.

19. (a) JA DEC 27 1941 (b) J. F. Meddock (Registrar's signature)

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

10529

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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.....  
*Myself*....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *William Claude Gordon*.....

Licensed Embalmer No. *3489*

P. O. Address *2649 Delmar Bl*

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.