S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 8621

Registrar's No. 2836

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 26. 000 17 9
(c) City or town St. Louis, Ave.,
(If outside city or town limits, write "RURAL")
(d) Street No. 1440 Wright Ave.,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James Robert Grealey

3. (b) If veteran, name war No

3. (c) Social Security No. Unkown

4. Sex Male 0

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Oct. 28, 1863.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
78	5	1	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Labor

11. Industry or business

FATHER
12. Name Robert Grealey
13. Birthplace England 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth ?
15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carrie Grealey
(b) Address 1440 Wright Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1/42 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cem.,

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) MAR 30 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29.
year 1942 hour 5:00 minute P.M.

21. I hereby certify that I attended the deceased from March 22, 1942, to March 29, 1942
that I last saw him alive on March 29, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia Lobar	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

118

Major findings:
Of operations
Of autopsy

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

23. Signature M. W. Davis (M. D. or other)
Address 1515 Lafayette Date signed 3/30/42

(Licensed Embalmer's Statement on Reverse Side)

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. 3225

P. O. Address 1125 Hodiamont Ave.,

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.