. No. 2
1—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 27 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 359
429

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

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: Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days (Specify whether years, months or days)
In this community 52 years

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12 921

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

(d) Street No. 2621 R. Delmar
(If rural, give location)

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

3. (a) PRINT FULL NAME Ida Grant

3. (b) If veteran, name war none

3. (c) Social Security No. Unknow

4. Sex Female

5. Color or race 3 Negro

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Jan. (Month) 7 (Day) 1877 (Year)

8. AGE: Years 67 Months 0 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace ? (City, town, or county) Ind. 1 (State or foreign country)

10. Usual occupation UnEmployed

11. Industry or business _____

FATHER
12. Name Unknow
13. Birthplace Unknow (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknow
15. Birthplace Unknow (City, town, or county) 9 (State or foreign country)

16. (a) Informant Pleasent Green BatPist Chur
(b) Address 2701 Cole St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 15, 44 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Dement & Son
(b) Address 2629-31 Cole St.

19. (a) JAN 11 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7, year 1944 hour _____ minute 20 P. M.

21. I hereby certify that I attended the deceased from December 23, 1943 to January 7, 1944 that I last saw her alive on January 7, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Gangrene of left foot and lower leg.	4 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

98.2

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 G. M. Jackson (M. D. ~~or other~~)
Address Hoo / Wm. Wheeler Date signed 1/10/44

(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 William Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.