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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1944 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8988

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 2563

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: 1105 N. Elliott (If not in hospital or institution, write street number or location)

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

In this community 21 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

(d) Street No. 1105 N. Elliott Ave (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country 0

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3. (a) PRINT FULL NAME Everlener Grant

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race Col

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

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

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased June (Month) 22 (Day) 1887 (Year)

8. AGE: Years 56 Months 8 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Domestic

11. Industry or business —

MOTHER FATHER

12. Name Louis Jamerson

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

14. Maiden name Unknown

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

16. (a) Informant Lee Grant

(b) Address 1105 N. Elliott Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-44 (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Goddard St

19. (a) MAR 17 1944 (Date received local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1944 hour 8 minute 35 P.M.

21. I hereby certify that I attended the deceased from MARCH 8, 1944 to MARCH 14, 1944 that I last saw her alive on MARCH 9, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to	7 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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 W. H. G. Clark (M. D. or other)

Address 2748 a Franklin Date signed 8-15-44

(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 Myself

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2946

P. O. Address St Louis Mo

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.