

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28746
Registrar's No. 1711

Registration District No. 317

Primary Registration District No. 3065

36
11
1

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
207 Edwin Ave
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

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

(d) Street No. 207 Edwin Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME George Grant

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10
year 1944 hour..... minute 11:PM M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bernice Grant 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased: Dec 16 1882
(Month) (Day) (Year)

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

Immediate cause of death Coronary occlusion Duration

8. AGE: Years Months Days If less than one day

61	7	25	hr. min.
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Due to Arteriosclerosis

Due to.....

9. Birthplace Elgin Ills.
(City, town, or county) (State or foreign country)

10. Usual occupation Foreman

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy No

11. Industry or business Brown Shoe Company

MOTHER FATHER { 12. Name George C. Grant

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

14. Maiden name Mary Savory

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Bernice Grant

(b) Address 207 Edwin Ave. Glendale, Mo

17. (a) Cremation (b) Date thereof 9-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Louis H. Bopp Inc.

(b) Address Kirkwood, Mo.

19. (a) AUG 14 1944 (b) E. G. McFarlan, M.D.
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury.....

23. Signature K. W. ... (M. D. or other) M.D.

Address St. Louis County Health Dept Date signed 8/12/44

707 (Licensed Embalmer's Statement on Reverse Side)

AUG 28 1974

3112

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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Ridgwood MD

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.