

FILED NOV 22 1944
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Registration District No.

Primary Registration District No. 1003

Registrar's No. 9643

1. PLACE OF DEATH:

(a) County.....
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME GRADY HENRY DEERE

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Fay Deere 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased Nov. 21, 1903
(Month) (Day) (Year)

8. AGE: Years 40 Months 11 Days 22 If less than one day hr. min.

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

10. Usual occupation Salesman (Mdse.)

11. Industry or business

MOTHER FATHER { 12. Name Marvin Deere
13. Birthplace Oklahoma
(City, town, or county) (State or foreign country)
14. Maiden name Mary Mayo
15. Birthplace Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. R. Freeman
(b) Address 7369 Delmar Blvd.
17. (a) Burial (b) Date thereof Nov. 16, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Durant, Oklahoma

18. (a) Signature of funeral director Craig Mortuary
(b) NOV 14 1944 463 Washington Blvd.

19. (a) NOV 14 1944 (b) J. F. Bresick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4140 McPherson Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13
year 1944 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from Oct. 28, 1944, to Nov. 13, 1944.
that I last saw him alive on Nov. 13, 1944.
and that death occurred on the date and hour stated above.

Immediate cause of death Bromhogenic carcinoma with carcinomatosis

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Duration

Major findings: Of operations
Of autopsy Bromhogenic carcinoma metastases to skin, stomach, adrenals, axillary nodes
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 J. R. Bradley (M. D. or other):
Address Barnes Hospital Date signed 11/13/44

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

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 *Philip M. Casey*.....
Licensed Embalmer No..... 3281

P. O. Address... 4468 Washington Blvd. (8).

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.