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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35914

FILED NOV 30 1944

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 9817

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 4226 W. Finney
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Grandison
3. (b) If veteran, name war
3. (c) Social Security No. 489-22-0074
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jennie Grandison
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased August (Month) 12, (Day) 1900 (Year)

8. AGE: Years	Months	Days	If less than one day
44	3	4	-- hr. -- min.

9. Birthplace Saint Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Pharmacist
11. Industry or business ---
FATHER 12. Name Charles Grandison
FATHER 13. Birthplace Unknown (City, town, or county) Louisiana (State or foreign country)
MOTHER 14. Maiden name Ida Washington
MOTHER 15. Birthplace Saint Louis, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Jennie Grandison
(b) Address 4226 West Finney Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/44 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue
19. (a) NOV 20 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16, year 1944 hour 5 minute 50 A. M.
21. I hereby certify that I attended the deceased from November 7, 1944, to November 16, 1944; that I last saw him alive on November 16, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Tumor of Spinal Cord (thoracic region) Non-malignant — 1 year
Due to
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 H. J. Brewer (M. D. or other)
Address 8601 N. Whittier Date signed 11/16/44

(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

Thomas H. Gates, Registered Apprentice No.,

working under my personal supervision.

Signed Thomas Gates

Licensed Embalmer No. 4259

P. O. Address

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.