

FILED JAN 25 1945 318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

314

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution 2625th Spruce
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME JULIA GRANT

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

4. Sex Female 5. Color or race Cauc 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Dead 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased June 11 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business not known

12. Name _____

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

14. Maiden name Julia Johansen

15. Birthplace St. Louis (City, town, or county) Miss! (State or foreign country)

16. (a) Informant Julia White

(b) Address 2625 Spruce

17. (a) Burial (b) Date thereof 1-13-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J.P. Richardson

(b) Address 2625 Spruce

19. (a) JAN 14 1945 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 2625th Spruce
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9th
year 1945 hour 9:45 minute P M.

21. I hereby certify that I attended the deceased from Jan 8th 1945 to Jan 9th 1945
that I last saw her alive on Jan 9th 1945
and that death occurred on the day and hour stated above.

Immediate cause of death Angina Pectoris
superficial

Due to Senility

Due to _____

Other conditions (Include pregnancy within 3 months of death) GH

Major findings: Of operations _____
Of autopsy _____

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) (e) Means of injury _____

23. Signature J. S. Jacques (M. D. or other) _____

Address 3024 St. J. Date signed 1/9/45

Duration

1 day
4 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Richardson

Licensed Embalmer No.

2928

P. O. Address.....

City

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.