U. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15147

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4700

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: 1310 HICKORY ST.
(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: 000

(a) State MO. (b) County 19

(c) City or town ST. LOUIS 22
(If outside city or town limits, write "RURAL")

(d) Street No. 1310 HICKORY ST.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME THERESA GRANDE

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race W.

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ W.

6. (b) Name of husband or wife ALBERT GRANDE

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

7. Birth date of deceased SEPT. (Month) 20 (Day) 1874 (Year)

8. AGE: Years 70 Months 8 Days 4 If less than one day hr. min.

9. Birthplace (City, town, or county) ITALY 5 (State or foreign country)

10. Usual occupation NIL

11. Industry or business

FATHER
12. Name UNK. SERVIA
13. Birthplace (City, town, or county) ITALY 5 (State or foreign country)

MOTHER
14. Maiden name UNK UNK
15. Birthplace (City, town, or county) ITALY 5 (State or foreign country)

16. (a) Informant Thomas Grande

(b) Address 1310 HICKORY

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 29-45 (Month) (Day) (Year)

(c) Place: burial or cremation New SSP & Paul Cem.

18. (a) Signature of funeral director E. J. Schnur

(b) Address 3125 Lafayette av

19. (a) MAY 28 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1945 hour 9 minute 30 p.M.

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

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Patrick E. Tuyle (M.D. or other)

Address Date signed 5/27/45

(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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Jos B Vollmer

Licensed Embalmer No. 4014

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.