S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 24 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18093

Registration District No. 377 Primary Registration District No. 6076 Registrar's No. 839

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Ellisville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sun Set Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town 5337 Delmar Blvd.
(If outside city or town limits, write "RURAL")
(d) Street No. St. Louis
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William G. Grenard
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Anna Grenard
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 27 (Day) 1856 (Year)

8. AGE: Years	Months	Days	If less than one day
88	3	4	hr. min.

9. Birthplace (City, town, or county) Utah (State or foreign country)
10. Usual occupation Merchant
11. Industry or business Retired
FATHER 12. Name Ernest Grenard
13. Birthplace (City, town, or county) Unknown (State or foreign country)
MOTHER 14. Maiden name Margaret Davis
15. Birthplace (City, town, or county) Ky. (State or foreign country)
16. (a) Informant Mrs. William Hanger
(b) Address 5337 Delmar Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-4-45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) APR 6 1945 (Date received local registrar) (b) E. G. McGaura M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 1 year 1945 hour 7 minute A M.
21. I hereby certify that I attended the deceased from Jan 1, 1944, 19.. to April 1, 1945 that I last saw him alive on March 16, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute cardiac dilatation	1 day
Due to Chronic myocarditis	3 yrs.
Due to Hypertension	4 yrs
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 C. A. Heslie (M. D. or other) MD
Address Kirkwood, Mo. Date signed 4/2/45

(Licensed Embalmer's Statement on Reverse Side)

209 S. Richmond Rd.
9 30 to 10 30
1 30 to 3 30 Thursday

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 Warren A. Carver

Licensed Embalmer No. 3534

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.