. S. No. 2
OM—8-43
v. 5-17-39
X37823

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. 18756

FILED JUL 14 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5750

**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: 2110 College Ave.
(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:**
(a) State Missouri (b) County 179
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2110 College Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nell ie Grashege
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Anthony Grashege
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 15. 1889 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 56 | 5 | 16 | hr. min. |

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER 12. Name Louis Greene
13. Birthplace Boston, Mass. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Howard L. Gallion
(b) Address 2110 College Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director
(b) Address 2117 E. Grand Blvd.
19. (a) JUL 2 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 1 year 1945 hour 5 minute A. M.
21. I hereby certify that I attended the deceased from June 11th, 1945, to June 20th, 1945; that I last saw her alive on 6/30/45 6:30 pm, 19..; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Coronary occlusion | |
| Due to Coronary Arterial disease | |
| 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 Dr. T. Douglas Blaylock (M. D. or other)
Address 1415 Salisbury (7) Date signed 7/2/45

(Licensed Embalmer's Statement on Reverse Side)

a 3276

## 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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E Hand

**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.**