V. S. No. 2
100M—5-43
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

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 22 1946

State File No. 25279

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6001

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: Peoples Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks
In this community 5 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ore
(c) City or town St. Louis 2/1
(If outside city or town limits, write "RURAL")
(d) Street No. 3315 Market St. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Oleader Grant

3. (b) If veteran, name war No

3. (c) Social Security No. Unk

4. Sex Fem 3

5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Teddy Grant

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased November 28, 1912 (Month) (Day) (Year)

8. AGE: Years 33 Months 6 Days 7 If less than one day hr. min.

9. Birthplace Mero (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

MOTHER FATHER

12. Name Spencer Randle

13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Teddy Grant
(b) Address 3315 Market St.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/10/46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director F. M. C. Green
(b) Address 3517 Laclede Avenue

19. (a) JUL 8 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th year 1946 hour 11:20 minute P. M.

21. I hereby certify that I attended the deceased from 6-17- 1946 to 7-5- 1946 that I last saw h. alive on 7-5-46 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Hydro-nephrosis Hepatitis — Duration 2

Due to

Due to Sub phrenic abscess.

Other conditions

(Include pregnancy within 3 months of death)

Major findings: Of operation Hydronephrosis Hepatitis

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 Chas. Oberff (M. D. or other)
Address 1418 Franklin Date signed 7-6-46

(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 Melvin Edward Green, Registered Apprentice No. 583, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 1173

P. O. Address 3517 Sacramento

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.