

7. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18871

FILED JUN 13 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5456

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution Homer G. Phillips
(d) Length of stay: In hospital or institution 9 hrs. 10 min.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 3045a Easton
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Marilyn Elane Granberry
(b) If veteran name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4 day 29 year 1947 hour 4 minute 50 P.M.
21. I hereby certify that I attended the deceased from 7:40 A.M. 4-29 1947 to 4:50 P.M. 1947
that I last saw her alive on 4-29-1947 and that death occurred on the date and hour stated above.
Immediate cause of death Prematurity

4. Sex Fem. 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced
7. Birth date of deceased 4 29 47 (Month) (Day) (Year)

Duration
Due to Unknown
Due to Unknown
Other conditions
Major findings:
Of operations
Of autopsy

8. AGE: Years Months Days If less than one day 9 hr. 10 min.

9. Birthplace St. Louis Missouri (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Ralph Earl Granberry
13. Birthplace St. Louis Missouri (City, town, or county) (State or foreign country)

14. Maiden name Helen Galloway
15. Birthplace Little Rock Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant Arthur M. Sheward
(b) Address 2601 N. Whittier Anatomical Board

17. (a) (b) Date thereof 5-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director W. R. Riehl
(b) Address 3500 Capital

19. (a) JUN 2 1947 (Date received local registrar)
(b) J. F. Brundage (Registrar's signature)

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Means of injury
23. Signature W. J. Pickler (M. D. or other)
Address 2601 N. Whittier Date signed 5-7-47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

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.