

FILED MAR 11 1948

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2082**

1. PLACE OF DEATH:

(a) County **St. Louis Mo.**  
(b) City or town **St. Louis**  
(c) Name of hospital or institution **1535 Market**  
(d) Length of stay: In hospital or institution \_\_\_\_\_

In this community \_\_\_\_\_ years, months or days

3. (a) PRENT FULL NAME **Gas. Garfield Le Grand**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color **White** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased \_\_\_\_\_ (Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name **Walter**

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant **Howard Mortuary Service**

(b) Address **4104 Manchester Ave.**

17. (a) **Anatomical Board** Date thereof **FEB 29 1948**

(c) Place: burial or **Anatomical Board**

18. (a) Signature of funeral director **Howard Mortuary Service**

(b) Address **4104 Manchester Ave.**

19. (a) **FEB 29 1948** (b) **J. F. Broad** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Wash**  
(c) City or town **St. Louis**  
(d) Street No. **1535 Market**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

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

Immediate cause of death **Peritonitis due to ascending Colitis**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury **3**

23. Signature **Thomas E. Jumper** (M. D. or other) \_\_\_\_\_ Date signed **2/12/48**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2  
45  
39  
47070

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**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 *Ralph W Henson*

Licensed Embalmer No. *3791*

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.