S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 23 1948

Registration District No. 37

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4465

State File No. 11058

Registrar's No. 715-715

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Rock Hill Village
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rock Hill Rest Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 mos. (Specify whether years, months or days)
In this community: 67 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Louis
(c) City or town: Town of Normandy
(If outside city or town limits, write "RURAL")
(d) Street No.: 7629 Augusta
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: ADA. G. GRIER.
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: ——
6. (c) Age of husband or wife if alive: —— years
7. Birth date of deceased: Oct. 11, 1868 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
79	5	5	hr. min.

9. Birthplace: Dayton, Ohio (City, town, or county) (State or foreign country)
10. Usual occupation: Retired teacher
11. Industry or business:
MOTHER FATHER
12. Name: Samuel J. Grier
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
14. Maiden name: Lucy A. Goddard
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Jos. T. Caffall
(b) Address: 7 No. 7th St. St. Louis
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 3/18/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Valhalla Cemetery
18. (a) Signature of funeral director: Alexander & Jones
(b) Address: 6175 Delmar Blvd., St. Louis, Mo.
19. (a) 3-17-48 (Date received local registrar) (b) Cecil A. Hayes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 16th year: 1948 hour: 8:30 minute: A. M.

21. I hereby certify that I attended the deceased from Dec 10 1946 to March 16 1948 that I last saw her alive on March 14 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Bladder	2 years
Due to: 528	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: M. E. Jones (M. D. or other)
Address: 4506 Olive St. Date signed: March 16 1948

Jefferson City Printing Co.

(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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Jos. E. McCullah

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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.