

FILED APR 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13779**  
Registrar's No. **3402**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis 3</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis 4</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Enroute to</b>		d. STREET ADDRESS (If rural, give location) <b>JOELER G. PHILLIPS HOSPITAL 2825a Easton Avenue 5</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b>		b. (Middle) _____ c. (Last) <b>Grant</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>April 11 1949</b>		5. SEX <b>male 2</b>	
6. COLOR OR RACE <b>col</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married 1</b>	
8. DATE OF BIRTH <b>March 5th 1885</b>		9. AGE (In years) (Months) (Days) (Hours) (Mins.) <b>64 1 6</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <b>Montgomery Ala 1</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <b>John Grant</b>		13b. MOTHER'S MAIDEN NAME <b>Harriot ?</b>	
14. NAME OF HUSBAND OR WIFE <b>Rosie Grant</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>491-14-5871</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Rosie Grant 2825a Easton Avenue</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Pancreas</b> ANTECEDENT CAUSES <b>Metastasis to Liver</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Chronic Myocarditis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 1949, and that death occurred at <b>10:35 P.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Walter Perry Deputy Coroner 3</b>		23b. ADDRESS <b>1300 Clark</b>	
23c. DATE SIGNED <b>4/14/49</b>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <b>Apr. 16, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Co Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J.H. Randle &amp; Son 3133 Bell Ave</b>	
DATE REC'D BY LOCAL HEALTH DEPT. <b>APR 17 1949</b>		REGISTRAR'S SIGNATURE <b>J.B. Roster</b>	

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

*S. J. Hutton*

Signed.....

Student Embalmer

Licensed Embalmer No. *2698*

P. O. Address *2769 Chouteau*

**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.