

FILED MAY 24 1949

STANDARD CERTIFICATE OF DEATH

State File No. 17301
4375

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Homer G. Phillips Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>4562 Garfield Ave.</u> | |

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| 3. NAME OF DECEASED (Type or Print) <u>Laura</u> | | | a. (First) | b. (Middle) | c. (Last) <u>Grenner</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>5 / 13 / 1949</u> | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>5/1/1892</u> | | 9. AGE (In years last birthday) <u>57</u> | If under 1 year Months | If under 1 year Days | If under 1 year Hours | If under 1 year Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | | | 11. BIRTHPLACE (State or foreign country) <u>Prairie Du Rocher, Ill.</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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| 13a. FATHER'S NAME <u>Ambrose Cynthia</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Albert Grenner</u> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Albert Grenner 4562 Garfield ave</u> | |
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| 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) <u>Cerebellar Apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES/ <input type="checkbox"/> / NO <input type="checkbox"/> | |
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| 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) <u>83</u> | |
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|--|--|--|--|---|--|
| 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? <u>324X</u> | |
|--|--|--|--|---|--|

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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|--|--|-----------------------------------|--|------------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>Patriek A. Taylor</u> | | 23b. ADDRESS <u>1300 Clark</u> | | 23c. DATE SIGNED <u>5-16-49</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>5/18/49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u> | |
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| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>MAY 16 1949</u> <u>J. B. Foster</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.W. Roberts 1416 N. Taylor ave</u> | |
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Fulton E. Calkin

Licensed Embalmer No. 798

P. O. Address St Louis 13, 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.