

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22099

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1238

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>1807 Chambers Rd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1807 Chambers Rd.</u>			

3. NAME OF DECEASED a. (First) <u>Raymond</u> b. (Middle) <u>R.</u> c. (Last) <u>Grace</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5/18/49</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4/15/1895</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>3</u>	IF UNDER 4 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Welder</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Louis Car Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Nevada Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>

13a. FATHER'S NAME <u>Thomas Grace</u>		13b. MOTHER'S MAIDEN NAME <u>Anne Cole</u>		14. NAME OF HUSBAND OR WIFE <u>Cecilia Grace</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) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Cecilia Grace</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; asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4-1-49</u> <u>1947</u> <u>420</u> <u>930</u>	
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	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) (Minute) _____	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 4-1-1949, to 5-18-1949, that I last saw the deceased alive on 5-16-1949, and that death occurred at 11:55pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Ben Johnson</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>St. Louis</u>	23c. DATE SIGNED <u>5-19-49</u>
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24a. BURIAL / CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/21/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-19-49</u>	REGISTRAR'S SIGNATURE <u>Harold L. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Marshall Funeral Home, Inc. 4212 St. Louis</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Clement M. Neary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.