

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24832**

FILED JUL 30 1949

318

1003

Registrar's No. **6460**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 6460		
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 3 wks.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood		90-		
d. FULL NAME OF HOSPITAL OR INSTITUTION Frisco RR Hosp.				d. STREET ADDRESS (If rural, give location) N.R. 3318 Greenwood				
3. NAME OF DECEASED a. (First) David b. (Middle) Harvey c. (Last) Grant			4. DATE OF DEATH (Month) (Day) / (Year) July 25, 1949					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED / (Specify) Married		8. DATE OF BIRTH June 30, 1898		
9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months 0 Days 25		IF UNDER 24 HRS. Hours Min. 				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Bollinger Co. Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Sammuel E. Grant			13b. MOTHER'S MAIDEN NAME Ella Lutes			14. NAME OF HUSBAND OR WIFE Irma Grant		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 498-09-2866		17. INFORMANT'S SIGNATURE OR NAME Irma Grant ADDRESS 3318 Greenwood Maplewood, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aggressive Brain Tumor					INTERVAL BETWEEN ONSET AND DEATH UNKNOWN	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) NONE						
		DUE TO (c) NONE						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No SURGERY					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 57d				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 2:39 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 2:39 P.M.				
22. I hereby certify that I attended the deceased from July 9, 1949 , to July 25, 1949 , that I last saw the deceased alive on July 25, 1949 and that death occurred at 12:55 a.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) John Payne Roberts MD				23b. ADDRESS		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/27/49		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		
DATE REC'D BY LOCAL REG. JUL 26 1949		REGISTRAR'S SIGNATURE J. B. Casater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jay B. Smith 74500 Manchester Maplewood, Mo.				

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

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 _____

WILLIAM J. SALFER

Student Embalmer No. *334*

working under my personal supervision.

Student *[Signature]*
Student Embalmer

Signed *Ronald O. Yehrike*

Licensed Embalmer No. *3917*

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.