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FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35165
State File No. 9056
Registrar's No.

818

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY PEOPLES HOSPITAL				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY 177					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS MO		c. LENGTH OF STAY (in this place) 1 WK		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS, MO		d. STREET ADDRESS (If rural, give location) 4128 DELMAR			
d. FULL NAME OF HOSPITAL OR INSTITUTION PEOPLES HOSPITAL				3. NAME OF DECEASED (Type or Print) a. (First) LENORA b. (Middle) GRANDBERRY c. (Last) GRANDBERRY					
4. DATE OF DEATH Oct 17 - 1949		5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED			
8. DATE OF BIRTH 19 April 1902		9. AGE (in years, months, days) 47 yrs 7 mos 15 days		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY GROCERY			
11. BIRTHPLACE (State or foreign country) WARE MISSISSIPPI		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME WALTER Montgomery		13b. MOTHER'S MAIDEN NAME Miss Simmons			
14. NAME OF HUSBAND OR WIFE JAMES GRANDBERRY		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 488-10-8144		17. INFORMANT'S SIGNATURE OR NAME Mr James Grandberry ADDRESS 4128 Delmar			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of spine ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CA of Cervix DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 mos unk	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 48th		21d. TIME OF INJURY (Month)-(Day) (Year) (Hour) m.			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 17IX							
22. I hereby certify that I attended the deceased from Oct 10, 1949 to Oct 17, 1949 , that I last saw the deceased alive on Oct 17, 1949 , and that death occurred at 8:25 p.m. , from the causes and on the date stated above.						23a. SIGNATURE (Degree or title) R Wood, M.D.			
23b. ADDRESS 4468c Easton		23c. DATE SIGNED 10/20/49		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-22-49			
24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) NATURAL BRIDGE FILWOOD MO		DATE REC'D BY LOCAL REG. OCT 21 1949		REGISTRAR'S SIGNATURE J B Fasano			
25. FUNERAL DIRECTOR'S SIGNATURE Frederick Underhill		ADDRESS 150 Gallegos <i>Wabalin, Brown, Inc.</i>							

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

1991-1992
1991-1992
1991-1992

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Theodore J. Yandell

Licensed Embalmer No. _____

P. O. Address _____

14243
130 Eldredge

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.