

FILED DEC 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38760**
Registrar's No. **9921**

BIRTH NO. **75636-49** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>St. Genevieve</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis Missouri</i>		c. LENGTH OF STAY (in this place) <i>2 days</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis Children's Hosp.</i>		d. STREET ADDRESS (If rural, give location) <i>1021 West Market</i>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <i>Michael</i>		b. (Middle) <i>Joseph</i> c. (Last) <i>Grass</i>	
5. SEX <i>male</i>		6. COLOR OR RACE <i>white</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never Married</i>		8. DATE OF BIRTH <i>Nov. 13 - 1949</i>	
9. AGE (In years last birthday)		IF UNDER 1 YEAR	
<i>5</i>		Months Days Hours Min.	
10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <i>Infant</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>St. Louis - Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>Amer.</i>	
13a. FATHER'S NAME <i>Oliver Grass</i>		13b. MOTHER'S MAIDEN NAME <i>Leona Josephine Steiger</i>	
14. NAME OF HUSBAND OR WIFE <i>None</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>	
16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Oliver Grass, Ste. Genevieve, Mo.</i>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Embryonal rhabdomyosarcoma</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 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) <i>1610</i>			
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? <i>7900</i>			
22. I hereby certify that I attended the deceased from <i>11-16</i> , 19 <i>49</i> , to <i>11-18</i> , 19 <i>49</i> , that I last saw the deceased alive on <i>11-18</i> , 19 <i>49</i> , and that death occurred at <i>2 pm.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Wm. G. Klingberg MD.</i>		23b. ADDRESS	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>11-18-49</i>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <i>Ste. Genevieve, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>NOV 20 1949</i>		REGISTRAR'S SIGNATURE <i>G. B. Wacker</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Albert H. Hoppe</i>		ADDRESS <i>4700 Washington Blvd.</i>	

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 

Licensed Embalmer No. 2471

P. O. Address

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.