

FILED JAN 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42528**

BIRTH NO. **75655-49** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11279**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>27-2806 Delmar</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Infirmary</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Tina</b> b. (Middle) <b>Gridiron</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>11-15-49</b>		
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5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant</b>		8. DATE OF BIRTH <b>11-13-49</b>		9. AGE (In years last birthday) <b>2</b> <input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> UNDER 12 HRS. <b>2</b> Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St Louis Mo. U</b>		12. CITIZEN OF WHAT COUNTRY?	
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13a. FATHER'S NAME <b>Prince E. Gridiron</b>		13b. MOTHER'S MAIDEN NAME <b>Beatrice Jones</b>		14. NAME OF HUSBAND OR WIFE	
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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 <b>Beatrice Gridiron</b>		ADDRESS <b>2806 Delmar City</b>	
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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) <b>Prematurity</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>159</b>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>776X</b>	
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22. I hereby certify that I attended the deceased from **11-13-49**, 19\_\_\_, to \_\_\_\_\_, 19\_\_\_, that I last saw the deceased alive on **11-15**, 1949, and that death occurred at **10:50 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Eugene H. Ethel Jr.</b>		(Degree or title) <b>M. D. U.</b>		23b. ADDRESS <b>1536 Papin St Louis Mo</b>		23c. DATE SIGNED <b>11-15-49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>DEC 3, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. <b>DEC 3, 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Jarates</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Rowland Mortuary Service Inc.</b>		ADDRESS <b>4104 Manchester Ave St. Louis 10, Mo.</b>	
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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.

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

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.