

FILED JAN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43245**

04801

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **2076** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) TOWN JEFFERSON BRKS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
c. LENGTH OF STAY (In this place) 21 days		d. STREET ADDRESS (If rural, give location) 4201 W. BELL ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION VET ADM. HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) RICHARD	b. (Middle) T.	c. (Last) GRANT	4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 26 1949
-------------------------------------	---------------------------	-----------------------	------------------------	--

5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 12-18-91	9. AGE (In years last birthday) 58	10. UNDER 1 YEAR Months _____	10. UNDER 1 YEAR Days _____	10. UNDER 1 HRS. Hours _____	10. UNDER 1 HRS. Min. _____
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) JANITOR		10b. KIND OF BUSINESS OR INDUSTRY - - - - -		11. BIRTHPLACE (State or foreign country) HOUSTON, TEXAS		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME NED GRANT	13b. MOTHER'S MAIDEN NAME MARY THOMAS	14. NAME OF HUSBAND OR WIFE NONE
-------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	16. SOCIAL SECURITY NO. (If you give way or dates of service) W.V. 1 496-28-2845	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS	ADDRESS _____
--	---	--	---------------

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ADENOCARCINOMA OF THE COLON WITH METASTASIS		INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ DUE TO (b) _____ DUE TO (c) _____		
	11. 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 checked="" type="checkbox"/> NO <input 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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	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 **12-5-** 1949, to **12-26** 1949, and that death occurred at **8:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE L.E. Stilwell (Degree or title)	23b. ADDRESS JEFFERSON BRKS, MO.	23c. DATE SIGNED 12-27-49
L.E. STILWELL M.D. CH.F. OF PROF. SERVICES		

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-1950	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO.
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. 12-28-49	REGISTRAR'S SIGNATURE Herbert R. Monks, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ELLIS FUNERAL HOME	ADDRESS ST. LOUIS, MO.
--	---	--	-------------------------------

(Licensed Embalmer's Signature on Reverse Side)

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

96
90
90

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 Fulton E Culkin

Licensed Embalmer No. 4198

P. O. Address St Louis 13 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.