S. No. 300
v. 10.48

4005

FILED APR 18 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15258

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 860

1. PLACE OF DEATH
a. COUNTY: St.Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Heights
c. LENGTH OF STAY (in this place): 15-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St.Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St.Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): University City 34 4346
d. STREET ADDRESS (If rural, give location): 7029 Westmoreland

3. NAME OF DECEASED (Type or Print) a. (First) Dr. b. (Middle) Joseph c. (Last) Grindon

4. DATE OF DEATH (Month) April (Day) 1 (Year) 1950

5. SEX M. 0

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. 0

8. DATE OF BIRTH Aug.20,1858

9. AGE (In years last birthday) 91 — If under 1 year: Months 7 Days 11 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): St.Louis,Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Arthur Grindon

13b. MOTHER'S MAIDEN NAME Kelice Dupavillon

14. NAME OF HUSBAND OR WIFE Mrs.Lina Grindon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME Dr.Joseph Grindon Jr., **ADDRESS** 7029 Weatmoreland

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerolic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES

Morbid 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 — Generalized Arteriosclerosis — Uncertain

Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Edema — 2 Weeks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 420.0

20. AUTOPSY? YES ☒ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/1, 1942, *to* 4/1, 1950, *that I last saw the deceased alive on* 3/31, 1950, *and that death occurred at* 4.56 A *m., from the causes and on the date stated above.*

23a. SIGNATURE G O Brown (Degree or title) M.D. 0.

23b. ADDRESS 1325 S. Grand Blvd

23c. DATE SIGNED 4/1/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0

24b. DATE April 4.1950

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) (State) St.Louis,Mo.

DATE REC'D BY LOCAL REG. APR 3 1950

REGISTRAR'S SIGNATURE Herbert R. Dombe

25. FUNERAL DIRECTOR'S SIGNATURE Arthur H. Donnelly **ADDRESS** 3840 Lindell Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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 _____

_____

working under my personal supervision.

Student Embalmer No. _____

Signed Thomas F. Jenwick

Signed _____
Student Embalmer

Licensed Embalmer No. 3793

P. O. Address 3840 Lindell

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.