

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35728

317

REG. DIST. NO. PRIMARY REG. DIST. NO. 6076 Registrar's No. 2620

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY St. Louis		b. CITY (If outside corporate limits, write RURAL and give town or township) Pine Lawn		c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 3709 Manola	
e. CITY (If outside corporate limits, write RURAL and give township) Pine Lawn		f. CITY (If outside corporate limits, write RURAL and give township) Pine Lawn		g. STATE Missouri		h. COUNTY ST. LOUIS	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH		5. AGE (In years last birthday)	
a. (First) Lucy		b. (Middle) G		c. (Last) Grannis		d. (Month) (Day) (Year) Oct. 29 1950	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3		8. DATE OF BIRTH March 12, 1862		9. AGE (In years last birthday) 88	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Macon County, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Joseph Wells			13b. MOTHER'S MAIDEN NAME Susanna Norman			14. NAME OF HUSBAND OR WIFE William Stevens	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. George Kline, 3853 Humphrey St.			
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) Myocardial Infarction  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerotic Cardio-vascular disease  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 2 weeks  5 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) 4221			
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 August 12, 1950, to Oct 29, 1950, that I last saw the deceased alive on Oct 23, 1950, and that death occurred at 11:30 Am., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Lewis Littmann M.D.				23b. ADDRESS 8231 Clayton Rd (17)		23c. DATE SIGNED 10/29/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct. 30, 1950		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Columbia, Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 29 1950		REGISTRAR'S SIGNATURE H. Danke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hofmeister Colonial Mortuary 6464 Chippewa St.			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Littmann  
7501 Cromwell Dr.

**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 Louis C Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

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.