

STANDARD CERTIFICATE OF DEATH

42294

State File No. 10630
Registrar's No. 10680

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 2-weeks		10. STREET ADDRESS (If rural, give location) 4154a Pleasant Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital			

3. NAME OF DECEASED (Type or Print) May	a. (First)	b. (Middle) A.	c. (Last) Grace	4. DATE OF DEATH (Month) (Day) (Year) Dec. 12, 1950
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5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. <input checked="" type="checkbox"/>	8. DATE OF BIRTH Dec. 14, 1873	9. AGE (In years last birthday) 76	if UNDER 1 YEAR Months Days 11 28	if UNDER 24 HRS. Hours Min. 11
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk-Lane Bryant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Patrick Mallon	13b. MOTHER'S MAIDEN NAME Stella Markinson	14. NAME OF HUSBAND OR WIFE Joseph Grace
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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) no	16. SOCIAL SECURITY NO. 493-09-8643	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Stella Mallon, 4154a Pleasant Street
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	Coronary Occlusion; Coronary Arteriosclerosis; Fr of right scapula + sufficed wound deceased was taken to floor of vestibule where struck by door as door closed by Swallow door	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Anemia; low blood pressure; all these state about 6:20 pm Nov		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 30 1950 ood Accident	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, school, street, office bldg., etc.) Home	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St. Louis Mo. 364
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 30 6:00 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 46
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22. I hereby certify that I attended the deceased from _____ 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:20 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Patrick E. Taylor, Colonel	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 12 15 50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 15, 1950	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. DEC 13 1950	REGISTRAR'S SIGNATURE J. B. Basater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur J. Donnelly, 3840 Lindell Blvd.
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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 R. Terwick

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.