

FILED FEB 6 1951

STANDARD CERTIFICATE OF DEATH

State File No. 3222

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 94

4008  
4

1. PLACE OF DEATH  
a. COUNTY St. Louis  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings  
c. LENGTH OF STAY (in this place) 4 days  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Elms Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo.  
b. COUNTY  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2269  
d. STREET ADDRESS (If rural, give location) 1420 Warren St. 1

3. NAME OF DECEASED (Type or Print)  
a. (First) Apa b. (Middle) Belle c. (Last) Grisham  
4. DATE OF DEATH (Month) (Day) (Year) Jan. 11 1951

5. SEX female / 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2 8. DATE OF BIRTH Apr. 6 1870 9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Fayette Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Lycurgus Crews 13b. MOTHER'S MAIDEN NAME Mary Pulliam 14. NAME OF HUSBAND OR WIFE William F. Grisham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Mrs. Ollie Shoulders, 3860 Labadie 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, asthenia, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Haemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Internal Hypertension 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 Acute 5 yr.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 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) 331 X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 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 1945 to Jan 10, 1951, that I last saw the deceased alive on Jan 7, 1951, and that death occurred at 5:22 p.m., from the causes and on the date stated above.

23a. SIGNATURE J. D. Becker (Degree or title) M.D. 23b. ADDRESS 2303 - 10th Missouri St. 23c. DATE SIGNED 1-11-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 1/13/51 24c. NAME OF CEMETERY OR CREMATORY Memorial Park 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. 1/12/51 REGISTRAR'S SIGNATURE Herbert R. Gombk MD 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral; 1905 Union Blvd.

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

Mr. Carver  
4006 Natl Bldg

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

*Warren G. Carver*

Signed.....

Student Embalmer

Licensed Embalmer No. *353K*

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.