

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 28 1951

18104

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4584

1. PLACE OF DEATH a. COUNTY		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 township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5172 Maple ave		d. STREET ADDRESS (If rural, give location) 5172 Maple avenue	

3. NAME OF DECEASED (Type or Print) a. (First) Lila b. (Middle) S. c. (Last) Grant			4. DATE OF DEATH (Month) (Day) (Year) May 15 1951		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 1, 1872	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME NOT KNOWN		13b. MOTHER'S MAIDEN NAME NOT KNOWN		14. NAME OF HUSBAND OR WIFE Alex D. Grant, Jr	
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alex D. Grant, Jr., 5172 Maple ave	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH Months
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypoplastic Anemia		DUE TO (b) Hypertensive Cardiovascular Disease			YES <input type="checkbox"/> NO <input type="checkbox"/>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
2. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? HT 3X	
22. I hereby certify that I attended the deceased from January 1945 , to May 15, 1951 , that I last saw the deceased alive on May 12, 1951 , and that death occurred at 6:15 a.m. , from the causes and on the date stated above.					

23a. SIGNATURE Dr. A. W. Munsch M.D.		23b. ADDRESS 33 N. Meramec Clayton, Mo		23c. DATE SIGNED 5-15-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 17, 1951		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine	
		24d. LOCATION (City, town, or county) (State) St. Louis, Mo			

DATE REC'D BY LOCAL REG. MAY 16 1951		REGISTRAR'S SIGNATURE J. B. Lacerda		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. Kron & U. Co. 2707 N. Grand	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1221.3

A. . . .

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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

Stanley Dixon

Signed.....

Student Embalmer

Licensed Embalmer No. *4193*

P. O. Address *St. Louis*

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.