

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42962**  
Registrar's No. **10991**

FILED JAN 10 1952

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>42962</b>		Registrar's No. <b>10991</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>2-96</b>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			c. LENGTH OF STAY (in this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			d. STREET ADDRESS (If rural, give location) <b>914a Penrose</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>											
3. NAME OF DECEASED (Type or Print) <b>Ishmael</b>			a. (First)			b. (Middle) <b>Grace</b>			c. (Last)		
4. DATE OF DEATH <b>Dec 10, 1951</b>						7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>			9. AGE (In years last birthday) <b>42</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		8. DATE OF BIRTH <b>Nov 14, 1909</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Porter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>St. Lukes Hosp.</b>		11. BIRTHPLACE (State or foreign country) <b>Illinois</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Sylvester Grace</b>			13b. MOTHER'S MAIDEN NAME <b>Lulu Hamilton</b>			14. NAME OF HUSBAND OR WIFE <b>Divorced</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Ruffin Cuidan, 914a Penrose St.</b>					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Encephalomalacia</b> DUE TO (c) <b>Gastrointestinal</b>							INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____							20. AUTOPSY? YES <input checked="" 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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <b>545X</b>						
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 <b>6:45 P.</b> m., from the causes and on the date stated above.											
23a. SIGNATURE <i>W. H. Smith</i>					23b. ADDRESS <b>1300 Clark</b>			23c. DATE SIGNED <b>12/12/51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec 13, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles</b>			24d. LOCATION (City, town, or county) (State) <b>St. Louis, County</b>				
DATE REC'D BY LOCAL REG. <b>DEC 12 1951</b>		REGISTRAR'S SIGNATURE <i>W. H. Smith</i>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Fendler Und. Co.</b>						
					ADDRESS <b>7420 Michigan Ave.</b>						

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 \_\_\_\_\_

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Oliver E. Lundy .....

Licensed Embalmer No. 4448 .....

P. O. Address St. Louis, Mo. .....

**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.