

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44853

State File No. ....

12030

FILED JAN 26 1952

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

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><u>Missouri</u><br>b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>St. Louis</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>St. Louis</u>                                   |  |
| c. LENGTH OF STAY (in this place)  |  | d. STREET ADDRESS (If rural, give location)<br><u>5893 Nina Place</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>St. Anthony's Hospital</u>                         |  | d. STREET ADDRESS (If rural, give location)  |  |

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| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Anne</u><br>b. (Middle)<br>c. (Last) <u>Grinsell</u> | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Dec. 29, 1952</u> |
|--|--|

|                         |                                  |  |  |  |                            |                          |                          |
|-------------------------|----------------------------------|--|--|--|----------------------------|--------------------------|--------------------------|
| 5. SEX<br><u>Female</u> | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Never Married</u> | 8. DATE OF BIRTH<br><u>June 10, 1878</u> | 9. AGE (In years last birthday)<br><u>74</u> | 10. UNDER 1 YEAR<br>Months | 11. UNDER 1 HR.<br>Hours | 12. UNDER 1 MIN.<br>Min. |
|-------------------------|----------------------------------|--|--|--|----------------------------|--------------------------|--------------------------|

|   |  |  |                              |
|---|--|--|------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Therapist</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Hospital</u> | 11. BIRTHPLACE (State or foreign country)<br><u>St. Louis, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? |
|---|--|--|------------------------------|

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| 13a. FATHER'S NAME<br><u>Thomas Grinsell</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Winifred Mc.Dermott</u> | 14. NAME OF HUSBAND OR WIFE |
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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)<br><u>No</u> | 16. SOCIAL SECURITY NO.<br><u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Leo Concannon</u> | ADDRESS<br><u>5893 Nina Place.</u> |
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|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>4 mos.</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Pancreas</u>   |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving DUE TO (b) _____<br>rise to the above cause (a) stating the underlying cause last.<br>DUE TO (c) _____ |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |   |

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|---|---|---|
| 19a. DATE OF OPERATION<br><u>12-18-52</u> | 19b. MAJOR FINDINGS OF OPERATION<br><u>Inoperable Carcinoma of Pancreas</u> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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|--|--|---|
| 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) |
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|   |  |   |
|---|--|---|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br><u>157X</u> |
|---|--|---|

22. I hereby certify that I attended the deceased from 12-9-52, 19  , to 12-29-52, 19  , that I last saw the deceased alive on 12-28-52, 19  , and that death occurred at 5:30 Pm., from the causes and on the date stated above.

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| 23a. SIGNATURE<br><u>Benjamin M.D.</u> | 23b. ADDRESS<br><u>7430 Virginia St. Louis 11, Mo.</u> | 23c. DATE SIGNED<br><u>12-29-52</u> |
|--|--|-------------------------------------|

|  |                                |   |  |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 24b. DATE<br><u>12-31-1952</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Calvary Cemetery</u> | 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis, Mo.</u> |
|--|--------------------------------|---|--|

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| DATE REC'D BY LOCAL REG.<br><u>DEC 30 1952</u> | REGISTRAR'S SIGNATURE<br><u>J. C. Smith M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Cullinane Bros.</u> | ADDRESS<br><u>3320 N. Kingshighway</u> |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING 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.

Signed.....  
Student Embalmer

Signed.....

Student Embalmer No.....

*Fred Trick*

Licensed Embalmer No. 3186

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.