

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40521

FILED DEC 4-1953

State File No. _____
Registrar's No. **11122**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Montgomery		
b. CITY (If outside corporate limits, write RURAL and give town or township) ST. LOUIS		c. LENGTH OF STAY (in this place) 30 DAYS	c. CITY OR TOWN Montgomery City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL			e. STREET ADDRESS (If rural, give location) 0709		
3. NAME OF DECEASED (Type or Print) a. (First) BERNARD b. (Middle) CHARLES c. (Last) GRENNAN			4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 23, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 21, 1910	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Montgomery City, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME B.S. Grennan		13b. MOTHER'S MAIDEN NAME Sabina Sailor		14. NAME OF HUSBAND OR WIFE Loretta	
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. Unknown	17. INFORMANT'S SIGNATURE OR NAME Loretta Grennan, Montgomery City, Mo. 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL EDEMA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) GLIOBLASTOMA MULTIFORME 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 3 WEEKS 3 YEARS
19a. DATE OF OPERATION 10-27-53	19b. MAJOR FINDINGS OF OPERATION RECURRENT TUMOR		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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 193X			
22. I hereby certify that I attended the deceased from 10-25, 1953 , to 11-23, 1953 , that I last saw the deceased alive on 11-23-53 , 19____, and that death occurred at 12:50 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE H. Pralley (Degree or title) M.D.			23b. ADDRESS BARNES HOSPI TAL		23c. DATE SIGNED 11-23-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-23-53	24c. NAME OF CEMETERY OR CREMATORY Worland	24d. LOCATION (City, town, or county) (State) Montgomery City, Mo.		
DATE REC'D BY LOCAL REG. NOV 23 1953	REGISTRAR'S SIGNATURE Charles Smith		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington Blvd.		

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

DEC 1

MAY 21 1954

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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 4100

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.