

45321

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 12414

FILED JAN 20 1954

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>2 weeks</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butheran Hospital</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>St. John</u>	
		d. STREET ADDRESS (If rural, give location) <u>8440 Ettrick Avenue</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Carl</u> c. (Last) <u>Grant</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 31, 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 27, 1909</u>
9. AGE (In years last birthday) <u>44</u>		10. KIND OF BUSINESS OR INDUSTRY <u>County Cab Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>University City, Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cab Driver</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Theodore Grant</u>		13b. MOTHER'S MAIDEN NAME <u>Eleanor Stoye</u>	
14. NAME OF HUSBAND OR WIFE <u>Margaret C. Grant</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>40-12-7005</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Margaret C. Grant</u>		ADDRESS <u>8440 Ettrick Av St. John</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes mellitus</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diodeul ulcer</u> <u>1 year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Diodeul ulcer Gastroenterostomy</u>	
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? <u>260X</u>			
22. I hereby certify that I attended the deceased from <u>Sept 1, 1953</u> , to <u>Dec 31, 1953</u> , that I last saw the deceased alive on <u>Dec 31, 1953</u> , and that death occurred at <u>10:30 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. A. Murrain MD</u>		(Degree or title)	
23b. ADDRESS <u>3701 Loundel St</u>		23c. DATE SIGNED <u>1-2-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-1-1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Park</u>		24d. LOCATION (City, town, or county) (State) <u>Wellston, Mo.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>JAN 4 1954</u> <u>Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shumann Bros. Inc.</u> <u>2504 Woodson Rd. Overland-14-Mo.</u>	

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 David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland st. 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.