

No. 300  
10-40

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7179**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **342**

FILED FEB 18 1954

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Richmond Heights</b>		c. LENGTH OF STAY (in this place) <b>1 hr.</b>	c. CITY OR TOWN <b>Webster Groves</b> 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 <b>St. Marys Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>102 Tulip Dr.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ERNEST</b> b. (Middle) <b>DOANE</b> c. (Last) <b>GRINNELL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2-6-1954</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>8-7-1893</b>	9. AGE (In years last birthday) <b>60</b>	if UNDER 1 YEAR Months Days if UNDER 24 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Traffic Mgr.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Gaylord Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Searsport Maine</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>William E. Grinnell</b>	13b. MOTHER'S MAIDEN NAME <b>unk. Doane</b>	14. NAME OF HUSBAND OR WIFE <b>Ruth Grinnell</b>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW # 1</b>	16. SOCIAL SECURITY NO. <b>702-09-1090</b>	17. INFORMANT'S SIGNATURE OR NAME <b>E.D. Grinnell Jr.</b>	ADDRESS <b>102 Tulip Dr.</b>
---	---	---	---------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 hrs.</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____		
		DUE TO (c) _____		
II. 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	<b>4201</b>	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 1954, to Feb 6, 1954, that I last saw the deceased alive on Feb 6, 1954, and that death occurred at 7:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Adlerbaugh</b>	(Degree or title)	23b. ADDRESS <b>M 5 Webster Groves Mo.</b>	23c. DATE SIGNED <b>Feb 7 54</b>
-------------------------------------	-------------------	---	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>ENTOMBED</b>	24b. DATE <b>2-8-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Masoleum</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>
--	------------------------------	--	---

DATE REC'D BY LOCAL REG. <b>2-7-54</b>	REGISTRAR'S SIGNATURE <b>Hubert R. Donke</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter F. Home</b>	ADDRESS <b>Webster Groves Mo.</b>
---	---	---	--------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed *Leslie Welch*.....

Licensed Embalmer No. *439*  
P. O. Address *Whiter Gr...*

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.