

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10061

State File No. 2588

BIRTH NO. FILED MAR 31 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2588

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <i>ST. LOUIS</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>City Hospital</i>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
		STREET ADDRESS (If rural, give location)		<i>5th 5172 MAPLE AVE</i>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <i>ALEXANDER</i>	b. (Middle) <i>D.</i>	c. (Last) <i>GRANT, JR</i>	(Month) <i>3</i>	(Day) <i>19</i>	(Year) <i>1954</i>

5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>12.20.1893</i>	9. AGE (In years last birthday) <i>60</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Draughtsman</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Machinery</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>ST. LOUIS MO</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>Alex D. Grant</i>	13b. MOTHER'S MAIDEN NAME <i>Not Known</i>	14. NAME OF HUSBAND OR WIFE <i>INZIE B. Grant</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>Yes</i>	16. SOCIAL SECURITY NO. <i>W W W 1</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Inzie B. Grant</i>	ADDRESS <i>701 W. Hamilton St. St. Louis, Mo.</i>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Gunshot wound of right temple, self inflicted in home at 5172 Maple Ave about 10:15 am, on March 19, 1954.</i>		INTERVAL BETWEEN ONSET AND DEATH
	II. OTHER SIGNIFICANT CONDITIONS <i>1954. Suicide</i>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			

21a. ACCIDENT OR SUICIDE (Specify) <i>Suicide</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis MO</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Mar 19 54 10:15</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>E976X</i>
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22. I hereby certify that I attended the deceased from *2:19 p.m.*, to *3:19 p.m.*, 19*54*, that I last saw the deceased alive on *3/19/54*, and that death occurred at *2:50 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Satrick E. Taylor, Coronor</i>	23b. ADDRESS <i>1301 Oak Clark</i>	23c. DATE SIGNED <i>3/22/54</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>3/22/54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Bellefontaine</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis MO</i>
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DATE REC'D BY LOCAL REG. <i>MAR 22 1954</i>	REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Alexander L. H. Co</i>	ADDRESS <i>2707 St. Grand</i>
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(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 *Bill C. Dranson*.....

Licensed Embalmer No. *476*.....

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.