

FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38287

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9614

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY  |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis  |  | c. LENGTH OF STAY (in this place)  |  | c. CITY OR TOWN St. Louis  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 6628 McCune   |  | e. STREET ADDRESS 6628 McCune  |  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) Frank b. (Middle) M. c. (Last) Grierson   |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br>Nov. 3 1955 |  |  |
| 5. SEX M  |  | 6. COLOR OR RACE W   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married   |  |
| 8. DATE OF BIRTH Feb. 4, 1890   |  | 9. AGE (In years last birthday) 65   |  | 10. IF UNDER 1 YEAR Months Days  |  |
| 11. IF UNDER 24 HRS. Hours Mins.  |  | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.  |  | 12. CITIZEN OF WHAT COUNTRY? U.S.A.  |  |
| 10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) Collector   |  | 10b. KIND OF BUSINESS OR INDUSTRY Real Estate  |  |  |  |
| 13a. FATHER'S NAME Frederick Grierson   |  | 13b. MOTHER'S MAIDEN NAME Madge Murray   |  | 14. NAME OF HUSBAND OR WIFE Lillian Grierson   |  |
| 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.  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br>Lillian Grierson 6628 McCune  |  |
| 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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarction<br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) causing the underlying cause last.<br>DUE TO (b) coronary artery disease<br>DUE TO (c) arteriosclerosis<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br>myocardial infarction Sept 55. |  |  | INTERVAL BETWEEN ONSET AND DEATH<br>1 hr<br>1 yr<br>years<br>3 mo. |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br>420.1  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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?   |  |
| 22. I hereby certify that I attended the deceased from Dec, 1954 to Nov, 1955, that I last saw the deceased alive on Oct. 10, 1955, and that death occurred at 9:45P m., from the causes and on the date stated above.        |  |  |  |  |  |
| 23a. SIGNATURE<br>Melvin R. Goodman, MD   |  | (Degree or title)  |  | 23b. ADDRESS<br>634 N. Grand   |  |
| 23c. DATE SIGNED<br>11/4/55   |  | 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  |  | 24b. DATE<br>Nov. 7, 1955  |  |
| 24c. NAME OF CEMETERY OR CREMATORY<br>Calvary Cemetery  |  | 24d. LOCATION (City, town, or county) (State)<br>St. Louis, Mo.  |  |  |  |
| DATE REC'D BY LOCAL REG.<br>NOV 4 1955  |  | REGISTRAR'S SIGNATURE<br>J. Carl Smith MD  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br>Hoffmeister Colonial Mortuary<br>6461 Chippewa St., St. Louis, Mo.         |  |

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Harry J. Schumacher*.....  
Licensed Embalmer No. *2679*.....

P. O. Address *7814 E. Broadway*.....

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.