

FILED JAN 30 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3927

STATE FILE NUMBER

Registration District No. 217 Primary Registration District No. 546 Registrar's No. 116

300  
-57

1. PLACE OF DEATH a. COUNTY <u>St. Louis Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Overland Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lackland Huntington Med. Center</u>		Length of stay in lb <u>17</u>	d. STREET ADDRESS (If outside, give location) <u>3634 Blaine Ave.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Wilson</u> Last <u>Granger</u>			4. DATE OF DEATH Month <u>Jan</u> Day <u>11</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 27, 1875</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Raised tobacco, water, tobacco</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>82</u> IF UNDER 1 YEAR Months <u>4</u> Days <u>19</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
11. PLACE (City and state or country) <u>Sherrill Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>George Wilson Granger</u>		13b. MOTHER'S MAIDEN NAME <u>Estelmon</u>	
14. NAME OF HUSBAND OR WIFE <u>Julia Granger</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>489-10-5925</u>		17. INFORMANT <u>Marjorie Granger</u> Address <u>3634 Blaine Ave.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Vaso motor Collapse.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Mitralotic Ca.</u> DUE TO (c) <u>Carcinoma of prostate.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>172X</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u></u> Month, Day, Year a.m. <u></u> p.m. <u></u>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Aug 1957</u> to <u>Jan 1958</u> and last saw him alive on <u>Dec 1958</u> . Death occurred at <u>11:00 pm</u> <u>Jan 11, 1958</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>L. R. Williams</u> (Degree or title)		22b. ADDRESS <u>10426 Lackland rd</u>	
22c. DATE SIGNED <u>1/13/58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE <u>1-15-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Lakewood Park Cem.</u>	
23d. LOCATION (City, town, or county) (State) <u>7801 Genesta Ave. Mo</u>		24. FUNERAL DIRECTOR <u>Bull-Campbell Mortuary</u> ADDRESS <u>165 Delmar</u>	
25. DATE RECD. BY LOCAL REG. <u>1-14-1958</u>		26. REGISTRAR'S SIGNATURE <u>Herbert B. Donahue</u> <u>Mo</u> <u>arc</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be stated. All diseases in Part I must be causally related.

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 *Elmo H. Gadwell*

Licensed Embalmer No. *4077*  
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.