

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015862
STATE FILE NUMBER

FILED APR 25 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4346

300
-57
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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ST CHARLES	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN PORT DES SIOUX Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 920
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Length of stay in lb 2 Wks.	d. STREET ADDRESS (If outside, give location) P.O. Box # 27 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last LEON ROBERT GRILLION			4. DATE OF DEATH Month Day Year APRIL 20, 1958		
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2/13/90		9. AGE (In years) 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY NOTHING BETTER	11. BIRTHPLACE (City and state or country) PERRYVILLE, MO 0		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOSEPH GRILLION		13b. MOTHER'S MAIDEN NAME THERESA HAGER		14. NAME OF HUSBAND OR WIFE IRVING (IRGENE) MATTHEW	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO NVL		16. SOCIAL SECURITY NO. 466-18-0615		17. INFORMANT Lancel (Name) Grillion P.O. Box 7 Address Charles St...	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EMBOLUS, SUSPECTED			INTERVAL BETWEEN ONSET AND DEATH 30 MINUTES
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			540.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) STATUS POST SUBTOTAL GASTRECTOMY FOR GIANT GASTRIC ULCER 11 DAYS			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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 Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		COUNTY STATE	

21. I attended the deceased from Death occurred at 11:15 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.		APRIL 3, 1958 to APRIL 20, 1958 and last saw her him alive on APRIL 20, 1958	
22a. SIGNATURE (Degree or title) M. D.		22b. ADDRESS BARNES HOSPITAL	
22c. DATE SIGNED 4/20/58			

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 4/23/58	23c. NAME OF CEMETERY OR CREMATORY SACRED HEART CEM.	23d. LOCATION (City, town, or county) (State) FLORISSANT, MO
24. FUNERAL DIRECTOR WHITE-MULLEN 118 N. FLORISSANT RD.		25. DATE RECD. BY LOCAL REG. APR 21 '58	26. REGISTRAR'S SIGNATURE Pearl Smith MO 2053.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *E. L. Lawrence*

Licensed Embalmer No. *3403*

P. O. Address *Lawrence*

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.