

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037803

STATE FILE NUMBER

68060-58
OCT 17 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9556

300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 27 Homer G. Phillips		d. STREET (If outside, give location) ADDRESS 1098 4676 Greer	
3. NAME OF DECEASED (Type or print) First Middle Last Jeannette Grant		4. DATE OF DEATH Month Day Year 10 5 58	
5. SEX Fem.	6. COLOR OR RACE 3 Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-21-58
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Saint Louis, Missouri
13a. FATHER'S NAME Augustus H. Grant		13b. MOTHER'S MAIDEN NAME Alease Bryant	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address Alease Bryant - 2601 N. Whittier
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Premature birth, Neonatal death Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 773.5 DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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. INJURY OCCURRED WHILE AT WORK <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 9-21-58 to 10-5-58 and last known alive on 10-5-58 Death occurred at 3:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Paul J. White, M.D.		22b. ADDRESS 2601 N. Whittier	22c. DATE SIGNED 10-6-58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 10-6-58	23c. NAME OF CEMETERY OR CREMATORY Washington PARK	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
24. FUNERAL DIRECTOR J. McVender 4535 Washington		25. DATE RECD. BY LOCAL REG. OCT 6 '58	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.

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 Not Embalmed, Student Embalmer No. working under my personal supervision.

Student

Signature of Student Embalmer

2-1-31

12-1-31

Signed Jeff McQuinn

12-1-31

Licensed Embalmer No.

P. O. Address

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.