

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045709

STATE FILE NUMBER 12162

REGISTRATION DISTRICT NO. 318 PRIMARY REGISTRATION DISTRICT NO. 1003 REGISTRAR'S NO.

FILED JAN 5 1959

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 Inside Limits Yes No

c. CITY OR TOWN St. Louis, Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis-Little Rock Hospitals, Inc. Length of stay in 1b 16 days. d. STREET ADDRESS (If outside, give location) 3832 Evans St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) George Needham Grampton
First Middle Last

4. DATE OF DEATH Dec. 14, 1958. Month Day Year

5. SEX Male 2 6. COLOR OR RACE Colored 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH July 27, 1894 9. AGE (In years last birthday) 64 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist Helper 10b. KIND OF BUSINESS OR INDUSTRY Railroad 11. BIRTHPLACE (City and state or country) Jefferson County, Ark. 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Bowden Grampton 14. MOTHER'S MAIDEN NAME Lula Dowdley

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. 702-16-3407 17. INFORMANT Ethel Grampton Address 3832 Evans Ave.

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 Embolism
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of Stomach Intra, Abdominal Metastasis DUE TO (c) 151X
INTERVAL BETWEEN ONSET AND DEATH Unknown

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 NO 2

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 Nov. 28, 1958 to Dec. 14, 1958 and last saw her alive on Dec. 14, 1958. Death occurred at 9 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Bardon Passanante, M.D. 22b. ADDRESS 1755 So. Grand Blvd., 22c. DATE SIGNED 16 Dec 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 12/20/58 23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR Atkins Bros. Undertaking Co. St. Louis, Mo. ADDRESS 3644 Finney 25. DATE RECD. BY LOCAL REG. DEC 17 58 26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.

Health, Welfare Public Service

300-1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *John K Cunningham*

Licensed Embalmer No. 447

P. O. Address 4700 Ha

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.