

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019191
STATE FILE NUMBER
2 4421

FILED MAY 25 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN University City 4376
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. City Morgue		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 530 West Drive
3. NAME OF DECEASED (Type or print) First Middle Last Edward Warren Grant			4. DATE OF DEATH Month Day Year May 4, 1959
5. SEX male	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 Dec. 7, 1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Agent and Broker		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 58 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) St. Louis Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Dr. John M. Grant		13b. MOTHER'S MAIDEN NAME Ida Becker	14. NAME OF HUSBAND OR WIFE Lois Forsythe Grant
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No none		16. SOCIAL SECURITY NO. Link	17. INFORMANT Address Mrs. Lois Grant 530 West Drive, II City Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Ch. Cardiac Valv. Dis. Aortic regurg</i> DUE TO (b) <i>rheumatic fever</i> DUE TO (c) <i>411x</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 <i>4 1/2 years</i>
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 <i>1924</i> to <i>May 4 1959</i> and last saw ^{her} _{him} alive on <i>May 2 1959</i> Death occurred at <i>noon</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Harold B. Grant M.D.</i>		22b. ADDRESS <i>114 N Taylor Ave</i>	22c. DATE SIGNED <i>May 5 '59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>5/7/1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Bellefontaine Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Missouri.</i>
24. FUNERAL DIRECTOR ADDRESS <i>C.R. Lupton and Sons 7233 Delmar Blv'd.</i>		25. DATE RECD. BY LOCAL REG. <i>MAY 5 '59</i>	26. REGISTRAR'S SIGNATURE <i>Karl Smith M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

3864 2 2 1934

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 *Arnold W. Schoen*

Licensed Embalmer No. *3864*
P. O. Address *St. Louis, Mo.*

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.