

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-019979  
STATE FILE NUMBER

**FILED** MAY 18 1959 Registration District No. 317 Primary Registration District No. 600 Registrar's No. 1225

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MEHLVILLE</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 (If NOT in hospital, give location) 4 HOSPITAL OR INSTITUTION <u>FULLER NUR HOME</u>			Length of stay in lb <u>10 mos</u>	d. STREET ADDRESS (If outside, give location) <u>3804 FOLSOM AV.</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>THOMAS</u> Middle <u>CLARES</u> Last <u>GRICE</u>				4. DATE OF DEATH Month <u>MAY</u> - Day <u>7</u> - Year <u>1959</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>MARCH-26-1958</u>	9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>12</u>	IF UNDER 24 HRS. Hours <u>12</u> Min.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10a.	10b.	11. BIRTHPLACE (City and state or country) <u>ST LOUIS, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13. FATHER'S NAME <u>CLARES GRICE</u>	14. MOTHER'S MAIDEN NAME <u>MAE FRANK</u>	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.
15.	16.	17. INFORMANT <u>MRS MAE GRICE</u>	Address <u>3804 FOLSOM AV. ST LOUIS MO</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>Cardiac failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>gastro-enteritis, acute (viral)</u> DUE TO (c) <u>571.0</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Mongoloidism</u>			
18.	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 <u>—</u> Month <u>—</u> Day <u>—</u> Year <u>—</u> a. m. <u>—</u> p. m. <u>—</u>	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
20a.	20b.	20c.	20d.	20e.	20f.	21. I attended the deceased from <u>Apr. 17, 1959</u> and last saw him <u>Apr. 26, 1959</u> alive on <u>Apr. 26, 1959</u> Death occurred at <u>—</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	22a. SIGNATURE <u>John P. Murphy</u> (Degree or title)
22a.	22b. ADDRESS <u>8515 Delmar (24)</u>	22c. DATE SIGNED <u>5/7/59</u>	23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>MAY-8-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FRIEDENS CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>	24. FUNERAL DIRECTOR <u>FEY FUNERAL HOME, MEHLVILLE MO</u>
23a.	23b.	23c.	23d.	24. FUNERAL DIRECTOR ADDRESS <u>FEY FUNERAL HOME, MEHLVILLE MO</u>	25. DATE RECD. BY LOCAL REG. <u>5-7-59</u>	26. REGISTRAR'S SIGNATURE <u>John P. Murphy, MD</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*No EMBALMING.*  
*See Paul Fey Jr.*  
Licensed Embalmer No.....

P. O. Address .....

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.