

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 4 1959

59-030427

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 7865** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 30 yrs.	c. CITY OR TOWN St. Louis
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Pacific Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2925a Dayton Street
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First **Abe** Middle **Grady** Last **Grady**

4. DATE OF DEATH Month **8** Day **22** Year **59**

5. SEX M.	6. COLOR OR RACE Col	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-12-1897	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Engine Wiper

10b. KIND OF BUSINESS OR INDUSTRY
Meridian Miss

11. BIRTHPLACE (City and state or country)
U.S.A.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME
Anthony Grady

13b. MOTHER'S MAIDEN NAME
unknown

14. NAME OF HUSBAND OR WIFE
Christine Grady

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.
489-12-2922

17. INFORMANT Address
Christine Grady 2925 Dayton 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) **Traumatic Subdural Hemorrhage**

INTERVAL BETWEEN ONSET AND DEATH _____

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. PLACE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II or here) **Suffered in fall while working at 20th and Clark Street about 10:20 am.**

20c. TIME OF INJURY Hour **10:20** a.m. Month, Day, Year **8 14 59**

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, office bldg., etc.) **Home**

20f. CITY, TOWN, OR LOCATION COUNTY STATE
St. Louis Mo

21. I attended the deceased from _____ to _____ and last saw her alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree of Authority) **Paul Simon** **Coroner**

22b. ADDRESS **1300 Clark**

22c. DATE SIGNED **8/25/59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

23b. DATE **8-29-59**

23c. NAME OF CEMETERY OR CREMATORY **Green Wood Cemetery**

23d. LOCATION (City, town, or county) (State) **St. Louis Co, Mo.**

24. FUNERAL DIRECTOR ADDRESS **Gus Lowe 2930 Dickson St**

25. DATE RECD. BY LOCAL REG. **AUG 24 59**

26. REGISTRAR'S SIGNATURE **Earl Smith M.D.**

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____

Signature of Student Embalmer

Signed

Leroy W. Barnister

Licensed Embalmer No. 4523

P. O. Address 4257 Washu

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