

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

5859-60-024535  
STATE FILE NUMBER

FILED VS. JUN 20 1960 318

Primary Registration District No.

Registrar's No.

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, MISSOURI		Length of stay in 1b	c. CITY OR TOWN WEBSTER GROVES
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 14 CLAIBORNE PL.

3. NAME OF DECEASED (Type or print) First Middle Last JOHN SCOTT GRANT			4. DATE OF DEATH Month Day Year JUNE 5 1960		
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-8-1899	9. AGE (last birthday) 60	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERICAL	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ST. LOUIS MO	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME JOHN S. GRANT	13b. MOTHER'S MAIDEN NAME DELIA BROWN	14. NAME OF HUSBAND OR WIFE MARY De WOLF GRANT
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW # 172	16. SOCIAL SECURITY NO. 342-09-1255	17. INFORMANT Address Mary Grant - 14 Claiborne Pl
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ASPIRATION PNEUMONITIS DUE TO (b) PULMONARY HEMORRHAGE DUE TO (c) EPIDERMOID CARCINOMA RIGHT MAIN STEM BRONCHUS		INTERVAL BETWEEN ONSET AND DEATH 15 MINUTES 15 MINUTES UNKNOWN
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 162.1	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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
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21. I attended the deceased from SEPT. 7, 1951 to JUNE 5, 1960 and last saw her/him alive on APRIL 5, 1960  
Death occurred at 9:51 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. D. Vermillion, M.D.	22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 6/7/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 6-9-60	23c. NAME OF CEMETERY OR CREMATORY JEFF. BKS. NATL. CEM.	23d. LOCATION (City, town, or county) ST. LOUIS CO. MO
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24. FUNERAL DIRECTOR Parker-aldrich Webster Groves Mo	25. DATE RECD. BY LOCAL REG. JUN 7 1960	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
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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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Hoboken, N.J.

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.