

FILED VS OCT 14 1960

-60-036146

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9427** STATE FILE NUMBER

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) St. Louis		Length of stay in 1b 18 hours	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4002a West Florissant	
3. NAME OF DECEASED (Type or print) First Herbert Middle E. Last Grisbeck			4. DATE OF DEATH Month September Day 25 Year 1960		
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 3-26-1875	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Custodian		10b. KIND OF BUSINESS OR INDUSTRY O'Fallon Park Theatre	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Otto Grisbeck		13b. MOTHER'S MAIDEN NAME Charlotte Redeker		14. NAME OF HUSBAND OR WIFE	
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. 500-18-8520	17. INFORMANT Mrs. Irene Caen, 7839 Faraway Drive		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Subdural Hemorrhage**

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

DUE TO (b) **Compound comminuted fracture of the Right Leg**

DUE TO **Fracture of the Right Hip**

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

Suffered few few shock before operated by me

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

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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 if you wish.) 4022 W. Florissant St. St. Louis
20c. TIME OF INJURY 11:59 p.m.	Month, Day, Year September 24, 1960 at about	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 09 Street	20f. CITY, TOWN, OR LOCATION St. Louis Mo

21. I attended the deceased from **6:30 P.** and last saw her alive on _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Patrick E. Taylor Corone	(Degree or title)	22b. ADDRESS 1300 Clark St	22c. DATE SIGNED 9/26/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 9-29-60	23c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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24. FUNERAL DIRECTOR Math Hermann & Son, Inc. 2161 E. Fair	25. DATE RECD. BY LOCAL REG. SEP 26 1960	26. REGISTRAR'S SIGNATURE Roan 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
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Walter B. Burnell

Licensed Embalmer No. _____

P. O. Address _____

St. Louis

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