

Registration District No. **791**
1939 JUL 12 1939

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town **St. Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Desloge Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **4-Days**
 (Specify whether _____)

In this community _____
years, months or days _____3. (a) PRINT FULL NAME **William A. Granville**8. (b) If veteran, name war **None** 3. (c) Social Security No. **Unk.**4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **M.**6. (b) Name of husband or wife **Mary McKean** 6. (c) Age of husband or wife if alive **54** years7. Birth date of deceased **Dec. 10, 1880**
(Month) (Day) (Year)8. AGE: Years **58** Months **6** Days **20** If less than one day _____ hr. _____ min.9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)10. Usual occupation **Auditor**11. Industry or business **Shell Oil Co.**12. Name **Thomas Granville** **5**18. Birthplace **Ireland**14. Maiden name **Mary Granfield** (State or foreign country)15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)16. (a) Informant's own signature **Mary McKean Granville**(b) Address **4059 Flad Ave.**17. (a) **Burial** (b) Date thereof **7-3-39**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Calvary**18. (a) Signature of funeral director **Arthur J. Connelly**(b) Address **3840 Lindell Blvd.**19. (a) **JUL 30 1939** (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County _____
 (c) City or town **St. Louis** **117**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **4059 Flad Ave.**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **30**
year **1939** hour **2** minute **10 a. M.**21. I hereby certify that I attended the deceased from **Aug. 1937**
_____, 19____, to **June 29**, 19**39**that I last saw him alive on **June 29**, 19**39**
and that death occurred on the date and hour stated above.Immediate cause of death **Coronary heart failure** Duration **2 days****Atherosclerotic heart disease**

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____Of autopsy **none - Refused**

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature **John J. Burkes** (M. D. or other) **MD**
Address **6402 Morganford** Date signed **6-30-39**

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Alfred J. Boedeltje
Licensed Embalmer No. 2663
P. O. Address 4204 Paine

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 this body is not embalmed, above space should be left blank.