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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Registration District No. 784

Primary Registration District No. 117

Registrar's No. 1625

1. PLACE OF DEATH

(a) County St. Louis
(b) City or town Webster Groves
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Jefferson Rd.
(Specify whether _____)
In this community 3.5 yrs.
years, months or days

8. (a) PRINT FULL NAME FREDRICK WILSON GRICE

8. (b) If veteran, name war _____ 3. (c) Social Security No. 485-09-7882

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ann S. Grice 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Dec 20 - 1886
(Month) (Day) (Year)

8. AGE: Years 53 Months 8 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Waller, Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Consulting Engineer

11. Industry or business Proctor Bros. Co. Rep. Co.

12. Name William H. Grice

18. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Anna Handrecks

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Joe from N. Illinois
(b) Address 10 Jefferson Rd

17. (a) Burial (b) Date thereof Aug 27 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coke Hill

18. (a) Signature of funeral director Robert Lind
(b) Address Webster Groves
19. AUG 26 1940 (Date received local registrar) (c) R. Meyer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 10 Jefferson Rd
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25
year 1940 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to Aug. 25, 1940
that I last saw him alive on Aug 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 15 m

Due to _____
Due to of it

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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 W. Seabough (M. D. or other) 174D
Address 10 W. Lockwood Date signed 8/26/40

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Orin B Lang

Licensed Embalmer No. 1584

P. O. Address Webster Groves

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.