No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8186

State File No.

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 392

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

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Richmond Heights, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Mary's Hospital 6
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 33 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town Ferguson 6
(If outside city or town limits, write "RURAL")
(d) Street No. 17 So. Hartnett 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Richard Grady

3. (b) If veteran, name war 3. (c) Social Security No.

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

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased December (Month) 11 (Day), 1939 (Year)

8. AGE: Years 1 Months 4 Days 8 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) 0 Mo. (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Edwin J. Grady
13. Birthplace St. Louis (City, town, or county) 0 Mo. (State or foreign country)

MOTHER
14. Maiden name Marion Wright
15. Birthplace Okarche (City, town, or county) 1 Okla (State or foreign country)

16. (a) Informant Edwin J. Grady
(b) Address 17 So. Hartnett

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 22, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation St. Ferdinand Cem.

18. (a) Signature of funeral director Chas. F. Stuart
(b) Address 1225 Union Blvd.

19. (a) FEB 20 1941 (Date received local registrar) (b) T. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 19
year 41 hour 5 minute 25 P.M.

21. I hereby certify that I attended the deceased from Jan 17, 1941, to Feb. 19, 1941; that I last saw him alive on Feb. 19, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Influenzal meningitis	36 d
Due to Bacillus influenzae	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations organisms in spinal fluid
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Mark H. Donovan (M. D. or other) TMD
Address St Marys Hospital Date signed 2/20/41

(Licensed Embalmer's Statement on Reverse Side) 6420 Clayton

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. Bernard A. J. Stuar

Licensed Embalmer No. 3500

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.