No. 2
1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23696
Registrar's No. 6038

AUG 28 1941

Local Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County: St. Louis.

(b) City or town: St. Louis. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmary Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: September 29, 1932

In this community: 20yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DEACESED:

(a) State: Mo. (b) County: St. Louis.

(c) City or town: St. Louis. (If outside city or town limits, write "RURAL")

(d) Street No.: 5800 Arsenal St. (If rural, give location)

(e) Citizen of foreign country? ~~Ireland~~ (Yes or No): 0

If yes, name country

3. (a) PRINT FULL NAME: Edward Grady.

3. (b) If veteran, name war: Cannot say.

3. (c) Social Security No.:

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife:

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

7. Birth date of deceased: October (Month) 17 (Day) 1862 (Year)

8. AGE: Years 78 | Months 3 | Days x | If less than one day: hr. min.

9. Birthplace: Ohio. (City, town, or county) American. (State or foreign country)

10. Usual occupation: R.R. Laborer.

11. Industry or business: X

FATHER
12. Name: John Grady Foreigner
13. Birthplace: Ireland 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Spelfe
15. Birthplace: Ireland. 4 (City, town, or county) (State or foreign country)

16. (a) Informant: C. Maloney
(b) Address: 5800 Arsenal St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 24 - 41 (Month) (Day) (Year)
(c) Place: burial or cremation: CALVARY

18. (a) Signature of funeral director: Callan - Kelly
(b) Address: 1416 N. TAYLOR AVE

19. (a) JUL 24 1941 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17, year 1941 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from September 29, 1932 to July 17, 1941; that I last saw him alive on July 17, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Degenerative heart disease - decompensated

Due to:

Due to:

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

Major findings:
Of operations:

Of autopsy: Cardiac hypertrophy
Arteriosclerosis, generalized

Duration

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: Loren Blaney (M. D. or other) MD
Address: 5800 Arsenal St. Date signed: 7/21/41

(Licensed Embalmer's Statement on Reverse Side)

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

Myself, Registered Apprentice No.

working under my personal supervision.

Signed Glenn E. Anderson

Licensed Embalmer No. 4141

P. O. Address St. Louis Mo

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

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

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23696

Registration District No. 191 Primary Registration District No. 1003 Registrar's No. 6038

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County: St Louis

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmary Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Edward Gradey

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 7-24-41 (Date received local registrar) (b) J. T. Bedrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 17 year 1941 hour minute M.

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

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

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)

(b) 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 (M. D. or other)

Address Date signed