

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

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **23696**  
**6038**  
Registrar's No.

**1941-791**  
District No.

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 Infirmery Hospital**  
(If not in hospital or institution, write street number and location)  
**September 29, 1941**  
(d) Length of stay: In hospital or institution **20yrs. 2** (Specify whether years, months or days)  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **St. Louis.** **000**  
(c) City or town **St. Louis.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5800 Arsenal St.** **12**  
(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.**  
(b) If veteran, name war **Cannot say.** (c) Social Security No. \_\_\_\_\_

4. Sex **Male 0** 5. Color or race **White 0** 6. (a) Single, widowed, married, divorced **Single 0**  
7. Birth date of deceased **October 17 1862**  
(Month) (Day) (Year)

8. AGE: Years **78** Months **3** Days **X** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Ohio.** **American. 1**  
(City, town, or county) (State or foreign country)

10. Usual occupation **R.R. laborer.**

11. Industry or business **X**

12. Name **John Grady** **Foreigner**  
13. Birthplace **Ireland** **4**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Spelke** **Foreigner**  
15. Birthplace **Ireland.** **4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **E. Molony**  
(b) Address **5800 Arsenal St.**

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

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

19. (a) **JUL 24 1941** (b) \_\_\_\_\_  
(Date received local registrar) (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,** 19**32,** to **July 17,** 19**41;**  
that I last saw him alive on **July 17,** 19**41;**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Regenerative Heart disease - decompensated** Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy **Cardiac hypertrophy, Arteriosclerosis, generalized**

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

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

MOTHER FATHER

**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. *Myself*

Signed *Glen 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 with the above constitutes grounds for revocation of license.)**

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

*COPIED  
10/15/55*

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 23696  
Registrar's No. 6038

Registration District No. 191

Primary Registration District No. 1003

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

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 \_\_\_\_\_)  
In this community \_\_\_\_\_  
(years, months or days)

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 Grady

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 S

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 \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace (City, town, or county) (State or foreign country) \_\_\_\_\_

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof (Month) (Day) (Year) \_\_\_\_\_

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) 7-24-41 (b) J. Budick  
(Date received local registrar) (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\_\_\_\_;  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

SUPPLEMENTARY

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author outlines the various methods used to collect and analyze the data. This includes both qualitative and quantitative approaches. The goal is to identify trends and patterns that can inform future decision-making.

The third section provides a detailed breakdown of the results. It shows that there has been a significant increase in sales over the period analyzed. This is attributed to several factors, including improved marketing strategies and a focus on customer service.

Finally, the document concludes with a series of recommendations. These are based on the findings and are designed to help the organization continue to grow and succeed in the future. The author stresses the importance of ongoing monitoring and adjustment of these strategies.