

No. 2
1-4-41
17-30

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23821**
Registrar's No. **6163**

Registration District No. **28 1941 791**

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 St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 3655 Flad Ave
(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 mo (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3655 Flad Ave Basement
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
Foreign name country _____

3. (a) PRINT FULL NAME

Robert S. Grant

3. (b) If veteran, name war _____
3. (c) Social Security No. 321-16-3393

MEDICAL CERTIFICATION

Fond dead.
20. DATE OF DEATH: Month July day 3
year 1941 hour 5 minute 45 P.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced unknown
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased abt 1886
(Month) (Day) (Year)

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.

8. AGE: Years abt 55 Months _____ Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death Aortic stenosis with coronary sclerosis
Due to maligned nephrosclerosis

9. Birthplace unknown (City, town, or county) (State or foreign country)
10. Usual occupation unknown
11. Industry or business unknown
12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

Due to _____
Other conditions (Include pregnancy within 3 months of death) None

16. (a) Informant James J. Tibbott
(b) Address 1300 Flad Ave
17. (a) _____ (b) Date thereof 7-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis
18. (a) Signature of funeral director W. Richter
(b) Address 3500 Rutger
JUL 29 1941
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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 Alfred J. Brown (M. D. or other) _____
Address St. Louis Date signed 7/19/41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.