

No. 2
1-4-41
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X26356

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39809

REG. JAN 24 1942 791

State File No.

Primary Registration District No.

Registrar's No. **9515**

1. PLACE OF DEATH:

(a) County St Louis Mo
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: W. Homer W. Phillips 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 Mo (b) County 089
(c) City or town St Louis 25-17
(If outside city or town limits, write "RURAL")
(d) Street No. 1528 Chestnut
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Joe Grant

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

4. Sex Male 5. Color or race Col 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 (Month) (Day) (Year)

8. AGE: Years abt 72 Months Days If less than one day hr. min.

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

10. Usual occupation Alabama 169!

11. Industry or business _____

12. Name _____ 130?

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 James J. Fathman (b) Date thereof 11-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. Richter (b) Address 3500 Puyser
19. (a) DEC 1 1941 (b) J. F. Bideck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26
year 1941 hour 8 minute 15 A.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.

Impediment to death: Spontaneous Hemorrhage from traumatic amputation of both legs and right arm when he was run over by a Missouri Pacific train manned by Dr. Johnson Engineer and Ray Walfinghater Fireman
Other conditions: at 9:30 am Oct 26-1941 about 10 feet east of the
Major findings: 18 in W product of operations on track H

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Oct 26-1941

(c) Where did injury occur? St Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial Railroad
(Specify type of place) (e) Means of injury _____

23. Signature Thomas Callahan (M. D. or other) 0
Address Deputy Coroner Date signed 11/14/41

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

MOTHER FATHER

847 (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.....
....., 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.