

LED JAN 24 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40335
State File No. 10085
Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips
(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 Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3228 Sheridan Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14
year 1941 hour 10:10 minute A M.

21. I hereby certify that I attended the deceased from _____
_____ 19____ to _____ 19____;

that I last saw h_____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Acute Gastro-Intestinal
Necrophage
Due to Contrib: Bleeding Peptic
Ulcer of Stomach
Due to _____

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

Major findings: _____ PHYSICIAN _____
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? _____

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

23. Signature Alfred Merin (M. D. or other) _____
Address Deputy Coroner Date signed 12/14/41

(Licensed Embalmer's Statement on Reverse Side)

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

3. (a) PRINT FULL NAME Cora Inge Grigsby

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

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lewis Grigsby 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Dec. 14 1889
(Month) (Day) (Year)

8. AGE: Years 52 Months - Days - If less than one day
hr. _____ min. _____

9. Birthplace Jackson Tenn. /
(City, town, or county) (State or foreign country)
housework

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

15. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant Lewis Grigsby

(b) Address 3228 Sheridan Ave.

17. (a) Burial (b) Date thereof Dec. 20, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director Dement & Son

(b) Address 2629 - 31 Cole St.

19. (a) DEC 20 1941 (b) J. F. Bruck
(Date received local registrar's certificate) (Registrar's signature)

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 *William Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address. *2644 Delmar Bl.*

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.