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FILED FEB 24 1942
Registration District No. 017

Primary Registration District No. 1003
Registrar's No. 766

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

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 G. Philip hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 15 years
years, months or days)

3. (a) PRINT FULL NAME Tassy Grant
3. (b) If veteran, name war Spanish American
3. (c) Social Security No. none

4. Sex Male 2 5. Color or race Col
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
About 65 hr. _____ min. 9

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

10. Usual occupation None

11. Industry or business _____
MOTHER FATHER { 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)

16. (a) Informant Catherine Coulson
(b) Address 2102 Chestnut st

17. (a) Burial (b) Date thereof Jan 26 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cem

18. (a) Signature of funeral director J. W. Hughes
(b) Address 2620 Lawton

19. (a) JAN 25 1942 (b) J. F. Buddeck
(Date received local registrar) (Registrar's signature)

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. 2102 Chestnut st
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 23
year 1942 hour 1 minute 00 P.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 Cerebral Apoplexy
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: None
Of operations _____
Of autopsy Pending
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 3

23. Signature Thomas F. Callens (Dr. D. or other)
Address Deputy Coroner Date signed 1/24/42

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 *Lyda Hughes*
Licensed Embalmer No. *2938*
P. O. Address *St Louis*

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.