

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution  
7305 Virginia 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 Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
7305 Virginia Ave.  
(If rural, give location)  
(d) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William D. Grills

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

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

6. (b) Name of husband or wife Narcissus Grills 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased June 9, 1866  
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 28  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired 11 Yrs. Y. M. C.

11. Industry or business William D. Grills

12. Name William D. Grills  
13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Tennessee  
15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Narcissus Grills

(b) Address 7305 Virginia Ave.,

17. (a) Burial (b) Date thereof 9-9-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Park Lawn

(c) Place: burial or cremation Southern Fun. Home

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address 6322 S. Grand Blvd.

19. (a) SEP 8 1942 J. F. Bredbeck  
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 6th  
year 1942 hour 3 P.M. minute 10 M.

21. I hereby certify that I attended the deceased from Sept 6, 1942, to Sept 6, 1942, that I last saw him alive on 6<sup>th</sup> Sept, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Coronary Duration \_\_\_\_\_

Due to General infarction

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)

(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 Dr. O. J. Ray (M. D. or other)  
Address 6721 Virginia Date signed 9/7/42

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

MOTHER FATHER

Dr. O. J. Gray  
6721 Virginia  
To 736

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.....

*Virgil L. Berryman*

Licensed Embalmer No.....

*74018*

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.