

FILED MAR 2 1943 18

1003

Registration District No. Primary Registration District No.

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:
St. Marys Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
(Specify whether
In this community 30 years
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. 4225 Finney Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Evadna Grant

3. (b) If veteran, name war ----- 3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edward L. Grant 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Unavailable abt. 1891
(Month) (Day) (Year)

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

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Eldon Hoy
13. Birthplace Unavailable Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Martha Bennett
15. Birthplace Oldham Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Edward L. Grant

(b) Address 4225 Finney Ave., St. Louis,

17. (a) Burial (b) Date thereof 2-13-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Ave.

19. (a) FEB 12 1943 (b) J. J. Presack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10th.
year 1943 hour 8:00 minute a. m.

21. I hereby certify that I attended the deceased from February 8
1st. 1942, 19... to February 10, 1943
that I last saw her alive on February 10th., 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Lymphatic Leukemia

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

Duration

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 J. J. Presack (M. D. or other).....
Address 822 1/2 N. Jefferson Ave. Date signed 2/11/43

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

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.....
..... William C. McDowell, Registered Apprentice No.....
working under my personal supervision.

Signed William C. McDowell.....
Licensed Embalmer No..... 2114.....
P. O. Address 1711 N. Taylor Ave......

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.