

FILED APR 5 1946
Registration District No. 318

Primary Registration District No. 1003

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

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: St. Mary's
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 717 St. Mary
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME W.S. Grant Tree

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 1946 hour _____ minute 50 M.

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased: _____ (Month) (Day) (Year)

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

Immediate cause of death _____

8. AGE: 47 Years Months Days If less than one day hr. min.

Due to Coronary Sclerosis
Arteriosclerosis

9. Birthplace Wash D.C. (City, town, or county) (State or foreign country)

Due to W.M.

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

10. Usual occupation Excavator

Major findings: _____

11. Industry or business Wid

Of operations _____

12. Name Wid

Of autopsy _____

13. Birthplace Wash D.C. (City, town, or county) (State or foreign country)

14. Maiden name Wid

15. Birthplace Wash D.C. (City, town, or county) (State or foreign country)

16. (a) Informant Thos. J. Callahan

(b) Address 1300 Clark

17. (a) Anatomical Burial, cremation, or removal Date thereof 3-1-46 (Month) (Day) (Year)

(c) Place: burial or cremation Washington

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 W.S. Grant Tree (M. D. or other) _____
Address _____ Date signed 3/26/46

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.