

FILED AUG 20 1946
Registration District No. **377**

Primary Registration District No. **6076**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Manchester, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Manchester Nursing Home & Sanatorium**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 yrs** (Specify whether years, months or days)
In this community **3 yrs**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St Louis**
(c) City or town **Manchester**
(If outside city or town limits, write "RURAL")
(d) Street No. **Manchester Nursing Home**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **12**
year **1946** hour **06:45** minute **A** M.
21. I hereby certify that I attended the deceased from **Mar 1943** to **Aug 12 1946**
that I last saw him alive on **Aug 10 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death
Cardiac failure sudden
Due to **Chr. myocarditis**
Due to **arteriosclerosis**
Other conditions **p3 d**
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Robert F. Grady**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Minnie M Grady**
6. (c) Age of husband or wife if alive **unknown** years
7. Birth date of deceased **November 10, 1860**
(Month) (Day) (Year)

8. AGE: Years **85** Months **9** Days **2**
If less than one day hr. min.

9. Birthplace **Miami Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Terra Cotta Company**

11. Industry or business

12. Name **Robert T. Grady**
13. Birthplace **Culpeper County Virginia**
(City, town, or county) (State or foreign country)
14. Maiden name **Margaret Douglas Eubank**
15. Birthplace **Glasgow Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **John H. Grady**
(b) Address **6825 Mitchell**

17. (a) **Burial** (b) Date thereof **August 15, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Oak Grove Cemetery**

18. (a) Signature of funeral director **Craig Mortuary**
4468 Washington -8-
(b) Address

19. (a) **8-15-46** (b) **E. M. Garand**
(Date received local registrar) (Registrar's signature)

Major findings:
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) (e) Means of injury

23. Signature **Ch. Denny** (M. D. or other)
Address **Creve Coeur, Mo** Date signed **8-13-46**

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

2713

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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 Philip M. Lewis

Licensed Embalmer No. 3281

P. O. Address 4468 Washington-8-

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.)

W-7 If this body is not embalmed, fact should be so stated above.