

FILED JAN 13 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 14339

## 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:  
Deaconess Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 Weeks  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME Mayme A. Grierson

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

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Brooks Grierson 6. (c) Age of husband or wife if alive 55 years  
 7. Birth date of deceased MARCH 14 1885  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 9 15 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Jamer Harvey Pearce  
 13. Birthplace Unkn England (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown (City, town, or county) (State or foreign country)

6. (a) Informant Brooks Grierson(b) Address 5824 Hodiamont Ave7. (a) Burial (b) Date thereof Jan 2 1947  
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Bethany Cemetery(a) Signature of funeral director Calvin F Feutz(b) Address 4822 NATURAL BRIDGE BLVD(a) JAN 8-47 (b) J. F. Bredsch  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis Mo  
 (c) City or town St. Louis Jennings  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5824 Hodiamont Ave  
 (If rural, give location) N.B.  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 1 29  
 year 1946 hour 10 minute 30 A.M.21. I hereby certify that I attended the deceased from Jan. 22, 1946, to Dec. 29, 1946;  
 that I last saw her alive on Dec. 29, 1946;  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Myocardial Infarction (Coronary Occlusion) 1 day  
 Due to Arteriosclerotic cardiovascular disease with congestive failure - ?  
 (duration-hospital stay) \_\_\_\_\_  
 Due to Diabetes Mellitus \_\_\_\_\_ ?

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: A. P. Pfeiffer (M. D. or R.N.)  
 Address 634 N. Grand Blvd. Date signed 12-31-46

**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

*John A. Mlinar*

Licensed Embalmer No. *4186*

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.**