S. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1947

Registration District No. 17

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7248

Primary Registration District No. 3069

Registrar's No. 309

1. PLACE OF DEATH:

(a) County ST LOUIS

(b) City or town RICHMOND HEIGHTS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ST MARYS HOSPITAL O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 1 MO. & 6-DAYS

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS 96

(c) City or town MAPLEWOOD. 5
(If outside city or town limits, write "RURAL")

(d) Street No. 7232 BRUNO' 3
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No) 1

If yes, name country —

3. (a) PRINT FULL NAME THOMAS GRADY

3. (b) If veteran, name war ho

3. (c) Social Security No.

4. Sex MALE C

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive years

7. Birth date of deceased DECEMBER 2 1877 (Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 7 If less than one day hr. min.

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

10. Usual occupation CONTRACTOR

11. Industry or business PLASTERING

FATHER
12. Name MARTIN GRADY
13. Birthplace TIPPERARY (City, town, or county) IRELAND (State or foreign country)

MOTHER
14. Maiden name MARY DOLAN
15. Birthplace ATHLONE (City, town, or county) IRELAND (State or foreign country)

16. (a) Informant JOHN S. GRADY
(b) Address 7232 BRUNO MAPLEWOOD MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 12 1947 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM

18. (a) Signature of funeral director Parkerlind Co
(b) Address WEBSTER GROVES MO.

19. (a) 2-14-47 (Date received local registrar) (b) Ruth Allen MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 9 year 1947 hour 1230 minute A.M.

21. I hereby certify that I attended the deceased from JAN 3 1947, 19..., to FEB 9 1947 that I last saw him alive on FEB 8 1947 and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF THE STOMACH — Duration 6 MO?

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations CONFIRMED ABOVE

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? (Specify type of place)

While at work? (e) Means of injury O

23. Signature James L Mudd (M. D. or other)

Address 634 N Brand Date signed 2/14/47

(Licensed Embalmer's Statement on Reverse Side)

JUL 15 19

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 Leslie Walch

Licensed Embalmer No. 4395

P. O. Address Webster Groves 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.