S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35760

FILED NOV 3 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9874

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town Caruthersville (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. 407 Bo State
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Catherine Grady

3. (b) If veteran, name war none

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 Jim Grady

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased October 20, 1900
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
47	0	1	hr. min.

9. Birthplace unknown (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Williams
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Alberta Carter
(b) Address South Ben Ind.

17. (a) Shipped (Burial, cremation, or removal) (b) Date thereof 10/25/47 (Month) (Day) (Year)
(c) Place: burial or cremation Carthersville, Mo.

18. (a) Signature of funeral director Dunn Funeral Home
(b) Address 215 So. Jefferson Ave.

19. (a) OCT 25 1947 (Date received local registrar) (b) J. F. Breeden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21 year 1947 hour 10 minute 5 P.M.

21. I hereby certify that I attended the deceased from Oct. 8, 1947 to Oct. 21, 1947; that I last saw her alive on Oct. 21, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cirrhosis of Liver	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy None

PHYSICIAN

Underline the cause of 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

23. Signature C. L. Daniels (M. D. or other)

Address 260 N Whittier Date signed 10/24/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Shoulte

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.