

S. No. 2
I-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

18289 ✓
State File No. _____
Registrar's No. 1316

FILED JUN 15 1948

Registration District No. 6026367

Primary Registration District No. 6876

46
0
0
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County... St. Louis
(b) City or town... Rune
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mississippi River 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... _____
(Specify whether _____)

3. (a) PRINT FULL NAME Michael Grady
3. (b) If veteran, name war... None
3. (c) Social Security No. None

4. Sex Male 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... June 15, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 11 8 _____ hr. _____ min.

9. Birthplace... East St. Louis, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation... Rail Road Clerk

MOTHER FATHER
11. Industry or business...
12. Name... Richard Grady
13. Birthplace... Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name... Honora Dillon
15. Birthplace... Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant... Richard Grady
(b) Address... 1730 College Ave. E. St. Louis

17. (a) Burial (b) Date thereof... 5/25/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation... Mt. Carmel Cemetery

18. (a) Signature of funeral director... Colliers Funeral Home
(b) Address... 10123 St. Charles Rd.
19. (a) 5-27-48 (b) Carl G. Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State... Illinois (b) County... 999
(c) City or town... East St. Louis 11
(If outside city or town limits, write "RURAL") 0
(d) Street No... 1730 College Ave. 2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country... _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 5 day 23
year 1948 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____
_____ 19 _____ to _____ 19 _____;
that I last saw him _____ alive on _____ 19 _____;
and that death occurred on the date and hour stated above. Duration
Immediate cause of death... natural causes or
drowning, body found on south
bank of Missouri River near northern
xxx end of RiverView Drive
Due to... _____
Other conditions... _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations... _____
Of autopsy... _____
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) Open verdict
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... 3
23. Signature... Arnald J. Willmann 3
(M.D. or other) Clayton, Mo.
Address... Clayton, Mo. Date signed... 5/25/48

AUG 10 1949

AUG 31 1949

JUL 28 1949

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Chas. Rd

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.