

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3409

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 00023

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Wellston		c. CITY (If outside corporate limits, write RURAL and give township) 4270 OR TOWN Wellston	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6412 Wells Ave.		6. STREET ADDRESS (If rural, give location) 6412 Wells Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Katherine c. (Last) Grady			4. DATE OF DEATH (Month) (Day) (Year) Jan. 3, 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Nov. 16, 1898		9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Ellisville, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME George Jacob		13b. MOTHER'S MAIDEN NAME Mary Rasch		14. NAME OF HUSBAND OR WIFE James W. Grady	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS J.W. Grady, 6412 Wells Ave. Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Rectum</u>		INTERVAL BETWEEN ONSET AND DEATH 5 mo.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>		154X 2 yrs	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Recto. sigmoid junction</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from Oct 10, 1949, to 1-3, 1950, that I last saw the deceased alive on 1-2-1950, and that death occurred at 3:40 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Herbert R. Womack, M.D.</u>		23b. ADDRESS <u>96 S. Babalard Rd.</u>		23c. DATE SIGNED <u>1-5-50</u>	
---	--	--	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 6, 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-5-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Womack</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schradler Funeral Home, Ballwin, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

FEB 4 1951

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Theo Schrader

Licensed Embalmer No. 3066

P. O. Address Belleview, 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.