

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7103

State File No.

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 4466		Registrar's No. 295	
1. PLACE OF DEATH a. COUNTY St Louis				2. USUAL RESIDENCE (Where deceased lived. If institution's residence before admission). a. STATE Mo b. COUNTY St Louis			
b. CITY (If outside corporate limits, write RURAL and give town) Shrewsbury Mo		c. LENGTH OF STAY (In this place) YRS?		c. CITY (If outside corporate limits, write RURAL and give township) Shrewsbury Mo		45 0 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION at Home 7604 Suffolk Ave				d. STREET ADDRESS (If rural, give location) 7604 Suffolk Ave			
3. NAME OF DECEASED (Type or Print)		a. (First) MARY		b. (Middle) STELLA		c. (Last) GRANICH	
DATE OF DEATH		4. DATE (Month) (Day) (Year)		5. SEX F		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) married		8. DATE OF BIRTH Sept 8 - 1898		9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days Hours Min.	
52		5		24		5	
10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St Louis Mo		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME George Kearie		13b. MOTHER'S MAIDEN NAME Josephine Grzech		14. NAME OF HUSBAND OR WIFE Joseph Granich			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dennis K. Granich 7604 Suffolk Ave			
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary artery fibrosis				INTERVAL BETWEEN ONSET AND DEATH 16 h.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Hypertensive Hypertension					
		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						5520	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 252.0				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) (Min.)		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 Aug 1949 to 3/3 , 19 50 , that I last saw the deceased alive on 2/5 , 19 50 , and that death occurred at 2:15 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert L. ...		23b. ADDRESS ...		23c. DATE SIGNED 3/6/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 8 1950		24c. NAME OF CEMETERY OR CREMATORY Recreation Cem		24d. LOCATION (City, town, or county) (State) St Louis Mo	
DATE REC'D BY LOCAL REG MAR 7 1950		REGISTRAR'S SIGNATURE Robert L. ...		5. FUNERAL DIRECTOR'S SIGNATURE W. H. ...		ADDRESS 6536 Clayton Rd Rich Hg 17 Mo	

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

(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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 199

P. O. Address Bay 27

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.