

FILED MAY 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18113**Registrar's No. **4571**

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1009	Registrar's No. 4571	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) 2 7/69		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1209 Hebert St			d. STREET ADDRESS (If rural, give location) 1209 Hebert St		
3. NAME OF DECEASED (Type or Print) a. (First) Doris		b. (Middle) E.		c. (Last) De Grant	
4. DATE OF DEATH (Month) (Day) (Year) May 21 1950		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH October 6 1882		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 67 7 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		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 Herman H. Strangoener		13b. MOTHER'S MAIDEN NAME Anna D. Teuteberg	
14. NAME OF HUSBAND OR WIFE Late T. Lynn De Grant		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. ---	
17. INFORMANT'S SIGNATURE OR NAME Kimberly R. Le Roy L. Degrant		18. ADDRESS Birmingham Mich		19. MEDICAL CERTIFICATION	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 9 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Cerebral Arteriosclerosis		Unknown	
		DUE TO (c) Hypertensive Cardiac Vas. Dis.		Unknown	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Bronchopneumonia		2 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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? 443X	
22. I hereby certify that I attended the deceased from 5-15-50 , to 5-16-50 , 19 50 , that I last saw the deceased alive on 5-19 , 19 50 , and that death occurred at 7:30 AM. , from the causes and on the date stated above.					
23a. SIGNATURE William C. Knight, M.D.			23b. ADDRESS 1101 Theater Bldg		23c. DATE SIGNED 5-23-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 24 1950		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	
24d. LOCATION (City, town, or county). (State) St. Louis MO		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F Feutz		ADDRESS 4828 Nat Bridge Blvd	
DATE REC'D BY LOCAL REG. MAY 27 1950		REGISTRAR'S SIGNATURE J. B. Lasater			

(Licensed Embalmer's Statement on Reverse Side)

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

0. 300
0. 48

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.

Signed _____
Student Embalmer

Signed *John A. Mendenhall*
Licensed Embalmer No. *4186*

P. O. Address *St. Louis 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.