

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6138**
Registrar's No. **1823**

FILED MAR 7 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1000**

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

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (In this place) 28 yrs d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis d. STREET ADDRESS (If rural, give location) 2026th REAR COLE	
3. NAME OF DECEASED a. (First) Mary b. (Middle) _____ c. (Last) Grayson		4. DATE OF DEATH (Month) (Day) (Year) Feb. 22 1951	
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Sep.	8. DATE OF BIRTH JULY-10-1896
9. AGE (In years) (last birthday) 54 IF UNDER 1 YEAR: Months 7 Days 12 IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) Miss.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME VIRGINIA McDONALD	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Clementia Worthy ADDRESS 4052 Cook Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Undetermined rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		INTERVAL BETWEEN ONSET AND DEATH Undet.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 2-14 , 19 51 , to 2-22 , 19 51 , that I last saw the deceased alive on 2-22 , 1951, and that death occurred at 2:35a m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Clara Thompson M.D.		23b. ADDRESS 2601 N Whittier St	
23c. DATE SIGNED 2-23-51		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 2-26-1951		24c. NAME OF CEMETERY OR CREMATORY GREEN WOOD	
24d. LOCATION (City, town, or county) (State) ST. LOUIS MO		25. FUNERAL DIRECTOR'S SIGNATURE PETTIS FUNERAL HOME ADDRESS 4181 WASHINGTON	
DATE REC'D BY REG. FEB 24 1951		REGISTRAR'S SIGNATURE [Signature]	

Kathy

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 *Esther H. Harris*

Licensed Embalmer No. *4458*

P. O. Address *4181 Washington*

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.