

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 29 1951

State File No. 10140
Registrar's No. 2236

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield 8129	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2870 Missouri ave.			d. STREET ADDRESS (If rural, give location) 1315 S. 9th St		

3. NAME OF DECEASED (Type or Print) a. (First) Joseph		b. (Middle) E.		c. (Last) Grant		4. DATE OF DEATH (Month) (Day) (Year) March 8, 1951		
5. SEX Male (1)		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 19, 1902		
9. AGE (In years last birthday) 48		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME James Grant		13b. MOTHER'S MAIDEN NAME Martha Simmons		14. NAME OF HUSBAND OR WIFE Helen	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 330-16-5484		17. INFORMANT'S SIGNATURE OR NAME Mrs. Nettie Clover		ADDRESS 2870 Missouri	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolus				INTERVAL BETWEEN ONSET AND DEATH None	
		ANTECEDENT CAUSES Dislodgement of thrombus in heart DUE TO (b) Heart disease, rheumatic Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Mitral stenosis + Aur. Fibrillation				?	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				1 year	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 410X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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? Hit by car	
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22. I hereby certify that I attended the deceased from March 6, 1951, to March 8, 1951, that I last saw the deceased alive on March 6, 1951, and that death occurred at 3:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE Eugene V. Truesdel M.D.		23b. ADDRESS 6200 Jefferson Avenue		23c. DATE SIGNED 3/9/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 12, 1951		24c. NAME OF CEMETERY OR CREMATOR St. Trinity Cemetery		24d. LOCATION (City, town, or county) (State) 2000 Lemay Ferry Road	
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DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE MAR 10 1951 J. B. Sasser		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U. & L. Co. 7814 Broadway	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Louis C. Hoffmann

Signed.....
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.