

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22051

State File No.

FILED JUN 27 1952

318

1003

Registrar's No. 5398

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

3

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 township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION Vandeventer & Easton Ave.		d. STREET ADDRESS (If rural, give location) 3221 N. Taylor Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) H. b. (Middle) William c. (Last) Grady		4. DATE OF DEATH (Month) (Day) (Year) 6/9/52	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 8/11/1914
9. AGE (in years last birthday) 37	IF UNDER 1 YEAR Months 9 Days 28	IF UNDER 12 HRS. Hours ... Min. ...	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman		10b. KIND OF BUSINESS OR INDUSTRY City	11. BIRTHPLACE (State or foreign country) Harrisburg, Illinois
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Hockles Grady		13b. MOTHER'S MAIDEN NAME Effie Bell Roberts	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) Yes WWII Navy		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Effie Price, 3221 N. Taylor Avenue
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) Fr of skull; Subdural hemorrhage traumatic amputation of left leg ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Support in collision between bumper #17, operated by one James Westerman and Hood and ladder DUE TO (c) #9 operated by Chas. Grays at intersection of Vandeventer and Easton Ave., about 835 am June 9 1952	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Easton Ave., about 835 am June 9 1952	20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. CITY, TOWN, OR TOWNSHIP St. Louis Mo	21d. COUNTY (COUNTY) 000 (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 9 52 8:35 am	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E8160	
22. I hereby certify that I attended the deceased from 19 , to 19 , that I last saw the deceased alive on 19 , and that death occurred at 835A m., from the causes and on the date stated above.			
23a. SIGNATURE Patrick E Taylor, Coroner		23b. ADDRESS 1300 Clark Avenue	23c. DATE SIGNED 6.12.52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/16/52	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Bks., Missouri
DATE REC'D BY LOCAL REG. JUN 12 1952	REGISTRAR'S SIGNATURE J. Cash Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. J. Gates, 4107 Finney Avenue	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

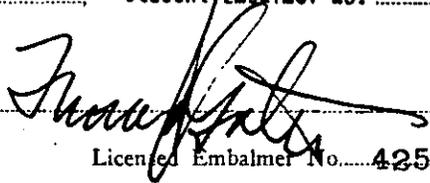
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student/Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.