

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22052**
5583

FILED JUL 2- 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. **1003** Registrar's No. _____

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, Missouri.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, (16). 2029	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital.		d. STREET ADDRESS (If rural, give location) 5435 Christy Blv'd., 0	

3. NAME OF DECEASED (Type or Print)	a. (First) MARTHA	b. (Middle) JOSEPHINE	c. (Last) GRADY.	4. DATE OF DEATH (Month) (Day) (Year)	June 16, 1952.	
5. SEX Female.	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed. <input checked="" type="checkbox"/>	8. DATE OF BIRTH June 29, 1872.	9. AGE (In years last birthday)	if UNDER 1 YEAR Months	if UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home..	10b. KIND OF BUSINESS OR INDUSTRY Hosewife.	11. BIRTHPLACE (City and State or Foreign Country) Hickman, Kentucky.	12. CITIZEN OF WHAT COUNTRY U.S.A.			

13a. FATHER'S NAME Obediah Clark..	13b. MOTHER'S MAIDEN NAME Susan McCullen.	14. NAME OF HUSBAND OR WIFE Alvin Grady.
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. none.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Walter Eitzman, 5425 Christy Blv'd.,

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Cervix with Generalized Metastasis		
ANTECEDENT CAUSES		DUE TO (b)	
Morbidity conditions, if any, giving 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.			
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 171X

22. I hereby certify that I attended the deceased from June, 1951, to 6-15-52, 1952, that I last saw the deceased alive on 6-15-52, 1952, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE James R Meador M.D.	(Degree or title)	23b. ADDRESS 45 Central	23c. DATE SIGNED 6-16-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6/18/52.	24c. NAME OF CEMETERY OR CREMATORY Hiram Cemetery.	24d. LOCATION (City, town, or county) (State) Mason Rd. St. Louis Co., Mo.

DATE REC'D BY LOCAL REG. JUN 17 1952	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons, 7233 Delmar Blv'd.,
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr James R. Meador.
#4 So. Central... Clayton.
Mrs 2 - 6.

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 Melvin L. Kemper

Licensed Embalmer No. 4052

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.