S. No. 300
v. 10.48

FILED JUL 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25832

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6566

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 0
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homer G Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY 2119
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 0
d. STREET ADDRESS (If rural, give location) 4648 Aldine

3. NAME OF DECEASED (Type or Print)
a. (First) Conchita
b. (Middle) Shirley
c. (Last) Grant

4. DATE OF DEATH (Month) July (Day) 5 (Year) 1952

5. SEX Female 3
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married 0
8. DATE OF BIRTH 19 April 1934
9. AGE (In years last birthday) 18 — IF UNDER 1 YEAR Months 2 Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk
10b. KIND OF BUSINESS OR INDUSTRY Market
11. BIRTHPLACE (State or foreign country) St. Louis 0
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Ray c. Grant
13b. MOTHER'S MAIDEN NAME Dorothy Barge
14. NAME OF HUSBAND OR WIFE Never married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. not known
17. INFORMANT'S SIGNATURE OR NAME Dorothy Grant ADDRESS 4648 Aldine

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombocytopenic Purpura — INTERVAL BETWEEN ONSET AND DEATH Undet.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Undetermined
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? 296X

22. *I hereby certify that I attended the deceased from* 7-4, 1952, *to* 7-5, 1952, *that I last saw the deceased alive on* 7-5, 1952, *and that death occurred at* 11:25 pm., *from the causes and on the date stated above.*

23a. SIGNATURE Edna E. Brooks (Degree or title) M. D.
23b. ADDRESS 2601 N Whittier St
23c. DATE SIGNED 7-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify) U
24b. DATE 10 July 52
24c. NAME OF CEMETERY OR CREMATORY Washington Park
24d. LOCATION (City, town, or county) St. Louis County, (State) Mo.

DATE REC'D BY LOCAL REG. JUL 7 1952
REGISTRAR'S SIGNATURE J. Carl Smith MD MJB
25. FUNERAL DIRECTOR'S SIGNATURE Metropolitan Funeral Sys. ADDRESS 5010 Enright

(Licensed Embalmer's Statement on Reverse Side)

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 Paul V. Freeman

Signed.....
Student Embalmer

Licensed Embalmer No. 4686

P. O. Address 458 Alden

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.