

FILED AUG 15 1952

STANDARD CERTIFICATE OF DEATH

State File No. 30349

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2117

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) Brentwood, Mo.		c. LENGTH OF STAY (in this place) 9 years	c. CITY (If outside corporate limits, write RURAL and give township) Brentwood		4. DATE OF DEATH (Month) (Day) (Year) 8 7 1952
d. FULL NAME OF HOSPITAL OR INSTITUTION 8627 Eulalie Ave			d. STREET ADDRESS (If rural, give location) 8627 Eulalie Avenue		
3. NAME OF DECEASED a. (First) Archibald (Type or Print)			b. (Middle) Hamilton	c. (Last) Granger	4. DATE OF DEATH (Month) (Day) (Year) 8 7 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-18-1906	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months Days Hours Min. 7 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt. of Claims		10b. KIND OF BUSINESS OR INDUSTRY Amer. Surety Co	11. BIRTHPLACE (State or foreign country) Austin, Texas		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Granger		13b. MOTHER'S MAIDEN NAME Janie Baker		14. NAME OF HUSBAND OR WIFE Helen Wilkinson Granger	
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. 492-05-4497	17. INFORMANT'S SIGNATURE OR NAME Mrs. Helen Wilkinson Granger			
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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Coronary Arteriosclerosis DUE TO (b) Os is unknown DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201			INTERVAL BETWEEN ONSET AND DEATH Sudden	
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) -----	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? -----			
22. I hereby certify that I attended the deceased from July 13, 1951 , to Aug. 7, 1952 , that I last saw the deceased alive on Aug. 7, 1952 , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE Loe G. G. G. G. (Degree or title) M.D.			23b. ADDRESS 457 N. Kingshighway		23c. DATE SIGNED 8-8-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8/9/52	24c. NAME OF CEMETERY OR CREMATORY Mitchell Cemetery	24d. LOCATION (City, town, or county) (State) Mitchell Indiana		
DATE REC'D BY LOCAL REG. 8-8-52	REGISTRAR'S SIGNATURE Herbert R. Donke MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert J. Ambruster Inc. 6633 Clayton Rd.		

521 (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.....

Ernest W. Spiller

Signed.....
Student Embalmer

Licensed Embalmer No.....

4080

P. O. Address.....

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.