

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **26399**  
Registrar's No. **6039**

FILED JUL 31 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

<b>1. PLACE OF DEATH</b> a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN <b>St. Louis, Missouri</b> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> d. STREET ADDRESS (If rural, give location) <b>3235 Montgomery</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) <b>URIAH</b> a. (First) _____ b. (Middle) _____ c. (Last) <b>GRANT</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>MAY 27, 1953</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Unknown</b>	<b>8. DATE OF BIRTH</b> <b>February 9, ?</b>
<b>9. AGE</b> (In years last birthday) <b>81</b> If under 1 year: Months _____ Days _____ If under 12 hrs: Hours _____ Mins. _____		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Michigan</b> <b>12. CITIZEN OF WHAT COUNTRY?</b> _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>None</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	
<b>13a. FATHER'S NAME</b> <b>Peter Grant</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Jane I</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> _____		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>	
<b>16. SOCIAL SECURITY NO.</b> _____		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Hospital Record</b> <b>ADDRESS</b> _____	
<b>MEDICAL CERTIFICATION</b>			
<b>18. CAUSE OF DEATH</b> 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.		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Arteriosclerosis</b> ANTECEDENT CAUSES <b>Arteriosclerosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>INTERVAL BETWEEN ONSET AND DEATH</b> _____	
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b> <b>446X</b>			
<b>22. I hereby certify that I attended the deceased from 5-10-53, 19__, to 5-27-53, 19__, that I last saw the deceased alive on 5-27-53, 19__, and that death occurred at 1:00A m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <i>Wm Higgins, M.D.</i> (Degree or title) _____		<b>23b. ADDRESS</b> <b>1515 Lafayette Avenue</b> <b>23c. DATE SIGNED</b> <b>5-27-53</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) _____		<b>24b. DATE</b> <b>6-30-53</b>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Anatomical Board</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis, Mo.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>JUN 17 1953</b>		<b>REGISTRAR'S SIGNATURE</b> <i>J. C. Smith, M.D.</i> <b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Rowland 4104 Manchester</i> ADDRESS _____	

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

(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.....

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.