

FILED JAN 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 45325
Registrar's No. 12194

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY 0		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 Mo		c. CITY OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION DE PAUL HOSPITAL		e. STREET ADDRESS (If rural, give location) 20 3417 N. FLORISSANT	
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) M. c. (Last) GREY		4. DATE OF DEATH (Month) (Day) (Year) DEC. 25 1953	
5. SEX 0 MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 20 1876
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIGHT WATCHMAN		9b. KIND OF BUSINESS OR INDUSTRY KREY PACKING	9. AGE (In years last birthday) 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIGHT WATCHMAN		10b. KIND OF BUSINESS OR INDUSTRY KREY PACKING	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? 0		13a. FATHER'S NAME ROBERT GREY	
13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE EMILY GREY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. H94-05-2079	
17. INFORMANT'S SIGNATURE OR NAME EMILY GREY		ADDRESS 3417 N. FLORISSANT	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Asorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
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 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) m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200	
22. I hereby certify that I attended the deceased from July 7, 1953, to Dec 25, 1953, that I last saw the deceased alive on Dec 24, 1953, and that death occurred at 7:30 a.m., from the causes and on the date stated above.			
23a. SIGNATURE Henry C. Westerman, M.D.		23b. ADDRESS 2136 East Grand Ave	
23c. DATE SIGNED 12-26-53		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
24b. DATE DEC 28 1953		24c. NAME OF CEMETERY OR CREMATORY BETHLEHEM CEM.	
24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Lutis	
25. FUNERAL DIRECTOR'S SIGNATURE Thomas Lutis		ADDRESS 2908 Harris	

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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Geo J Budde*
Licensed Embalmer No. *398*
P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.