

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38777

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 10005					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>									
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Louis</u>			c. LENGTH OF STAY (In this place) <u>D.O.A.</u>			c. CITY (If outside corporate limits, write RURAL and give township) <u>Edwardsville</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>R. R. #4</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>			b. (Middle) <u>J</u>			c. (Last) <u>GRAINEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 2 1954</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 16, 1883</u>		9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>16</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Live Stock Dealer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Live Stock</u>				11. BIRTHPLACE (State or foreign country) <u>Edwardsville, Illinois</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Micheal Grainey</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Manion</u>				14. NAME OF HUSBAND OR WIFE <u>Emma Wehring Grainey</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Emma Wehring-Edwardsville, Ill</u>							
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute coronary occlusion</u> ANTECEDENT CAUSES <u>Arteriosclerotic Heart Disease</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>								INTERVAL BETWEEN ONSET AND DEATH <u>2 MINUTES</u> <u>5 year</u>	
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) _____ m. _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>4200</u>							
22. I hereby certify that I attended the deceased from <u>12-12-1952</u> to <u>10-28-1954</u> , that I last saw the deceased alive on <u>10-28-1954</u> , and that death occurred at <u>3P.</u> m., from the causes and on the date stated above.													
23a. SIGNATURE <u>Raymond B. Cox M.D.</u>						23b. ADDRESS (Degree or title) <u>2720 STATE ST. EAST WOOD, ILL.</u>			23c. DATE SIGNED <u>3 NOV 54</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 5, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Burial Park</u>			24d. LOCATION (City, town, or county) (State) <u>Belleville, Illinois</u>						
DATE REC'D BY LOCAL REG. <u>NOV 4 1954</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>St. Louis, Ill</u>								

(Licensed Embalmer's Statement on Reverse Side)

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

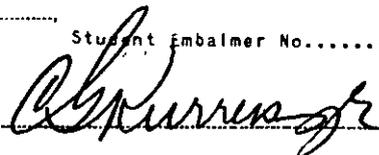
STATEMENT BY LICENSED EMBALMER

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.....



Signed.....
Student Embalmer

Licensed Embalmer No. 3162.....

P. O. Address E. St. Louis, Illinois

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.