

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42106

State File No.

FILED JAN 6 - 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11111**

1. PLACE OF DEATH a. COUNTY St. Louis, Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Tennessee b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Missouri	c. LENGTH OF STAY (in this place) township) 55 days	c. CITY OR TOWN Memphis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Frisco Hospital		STREET ADDRESS (If rural, give location) 1049 West Walthal Circle	

3. NAME OF DECEASED a. (First) ROY (Type or Print)	b. (Middle) Robert	c. (Last) GRAMMER.	4. DATE OF DEATH (Month) (Day) (Year) December 17, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 30, 1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Inspector	10b. KIND OF BUSINESS OR INDUSTRY Frisco R.R.	11. BIRTHPLACE (City and State or Foreign Country) Lenoir City, Tennessee	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Grammer	13b. MOTHER'S MAIDEN NAME Alice Young	14. NAME OF HUSBAND OR WIFE Minnie V. Grammer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fay Bryan, 1027 Brooks Rd, Memphis

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) Acute REGIONAL Ileitis, None Specific		Tennessee INTERVAL BETWEEN ONSET AND DEATH 2 MO
ANTECEDENT CAUSES Morbid 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 10-27-55	19b. MAJOR FINDINGS OF OPERATION Acute Ileitis, Regional; Peritonitis, Acute	20. AUTOPSY? YES <input checked="" 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?

22. I hereby certify that I attended the deceased from **10-22**, **1955**, to **12-17**, **1955**, that I last saw the deceased alive on **12-17**, **1955**, and that death occurred at **6:10 AM**, from the causes and on the date stated above.

23a. SIGNATURE Louis J. Stephens	(Degree or title) M.D.	23b. ADDRESS Frisco Hospital	23c. DATE SIGNED 12-17-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-17-55	24c. NAME OF CEMETERY OR CREMATORY Vernon Gardens	24d. LOCATION (City, town, or county) (State) Memphis, Tennessee

DATE REC'D BY LOCAL REG. DEC 19 1956	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd
--	---	--

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..... *W. W. Wilkinson*

Licensed Embalmer No. *35*

P. O. Address *4 Loc*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.