

FILED JAN 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2730

State File No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 31		
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Ill. b. COUNTY St. Clair				
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 3 1/2 mo		c. CITY OR TOWN Caseyville		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 Mo. Pac. Hosp				STREET ADDRESS (If rural, give location) 1755 S. Grand				
3. NAME OF DECEASED (Type or Print) HENRY HAMPTON GRANT			4. DATE OF DEATH (Month) (Day) (Year) 1 1 56					
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 12 8 69		
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Revs. Clerk			10b. KIND OF BUSINESS OR INDUSTRY TERMINAL R.R.		11. BIRTHPLACE (City and State or Foreign Country) Madison Co O. S.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME UNKNOWN			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE John Grant		
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. None		17. INFORMANT'S SIGNATURE OR NAME John Grant ADDRESS R.R. 2 Caseyville				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Atherosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Anteriorly Heart Disease 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.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.0				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 10-4 , 19 55 to 1-1 , 19 56 , that I last saw the deceased alive on 12-31 , 19 55 , and that death occurred at 11:30 AM from the cause, and on the date stated above.								
23a. SIGNATURE (Degree or title) [Signature]			23b. ADDRESS Mo Pac Hwy			23c. DATE SIGNED 1-1-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-3-56		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) E. St. Louis Ill.		
DATE REC'D BY LOCAL REG. JAN 3 1956		REGISTRAR'S SIGNATURE J. Earl Smith m-d		25. FUNERAL DIRECTOR'S SIGNATURE Harry Robins ADDRESS E. ST. LOUIS, ILL				

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

m-j-b. (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.....
Signature of Student Embalmer

Signed *Kenneth Proff*.....

Licensed Embalmer No. *435*

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.