

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6533

State File No.

644

FILED FEB 17 1956

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

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

<b>1. PLACE OF DEATH</b> a. COUNTY _____ b. CITY OR TOWN <u>St. Louis</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D. O. A. Homer H. Phillips</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ c. CITY OR TOWN <u>St. Louis</u> d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>4533 Sennely</u> 2119/10	
<b>3. NAME OF DECEASED</b> (Type or Print) <u>Eugene</u> a. (First) _____ b. (Middle) _____ c. (Last) <u>Grady</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Jan 17, 1956</u>	
<b>5. SEX</b> <u>M</u> <b>6. COLOR OR RACE</b> <u>W</u> <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> <u>Married</u>		<b>8. DATE OF BIRTH</b> <u>March 14, 1913</u> <b>9. AGE</b> (In years) (Months) (Days) (Hours) (Min.) <u>42</u> <u>10</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Bookbinder</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____ <b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Duncan, Miss.</u> <b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>Gene Grady</u> <b>13b. MOTHER'S MAIDEN NAME</b> <u>Belle Despres</u> <b>14. NAME OF HUSBAND OR WIFE</b> <u>C. Lura Grady</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <b>16. SOCIAL SECURITY NO.</b> _____ <b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Augusta Block</u> ADDRESS <u>4351 St. Ferdinand</u>	
<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, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES _____ 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>19a. DATE OF OPERATION</b> _____ <b>19b. MAJOR FINDINGS OF OPERATION</b> _____		<b>20. AUTOPSY</b> YES <input checked="" type="checkbox"/> NO <input 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>22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <u>Salvatore E. Ingle</u> <b>23b. ADDRESS</b> <u>1300 Clois</u> <b>23c. DATE SIGNED</b> <u>1/19/56</u>		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Ship</u> <b>24b. DATE</b> <u>Jan 22, 1956</u> <b>24c. NAME OF CEMETERY OR CREMATORY</b> _____ <b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Helens, Miss.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>JAN 19 1956</u> <b>REGISTRAR'S SIGNATURE</b> <u>Carl Smith MD</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>E. B. Kooner</u> ADDRESS <u>1221 N. Grand</u>	

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**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 *Melvin Blackman*.....

Licensed Embalmer No. *396*.....

P. O. Address *1221 N. 9th*.....

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.