

FILED NOV 26 1956

STANDARD CERTIFICATE OF DEATH

State File No. **39996**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **2638**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY OR TOWN <b>Clayton</b>		c. CITY OR TOWN <b>Webster Groves</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>2 hrs.</b>		e. STREET ADDRESS (If rural, give location) <b>102 Tulip</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis Co. Hosp.</b>			
3. NAME OF DECEASED (Type or Print) <b>DAVID</b>		a. (First) <b>DAVID</b>	b. (Middle) <b>GILLY</b>
		c. (Last) <b>GRINNELL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>11-5-1956</b>
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>9-2-1935</b>
9. AGE (In years last birthday) <b>21</b>		IF UNDER 1 YEAR Months <b>21</b>	IF UNDER 24 HRS. Hours <b>21</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Marine</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Marine Corps</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Ernest Grinnell</b>		13b. MOTHER'S MAIDEN NAME <b>Ruth Drum</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>1-3-1954 to Date</b>		16. SOCIAL SECURITY NO. <b>487-36-8684</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ernest Grinnell</b> ADDRESS <b>417 S. Robt Hill Rd</b>
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) <b>Brain injury -</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>			
DUE TO (b) <b>trauma</b>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>			
19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis County, Mo.</b>
22. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>11-5-56</b>		22e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	22f. HOW DID INJURY OCCUR? <b>Lost control of car, collided with truck</b>
22. I hereby certify that I attended the deceased from <b>11-5</b> , 19 <b>56</b> , to <b>11-5</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>11-5</b> , 19 <b>56</b> , and that death occurred at <b>557</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Robert M. Layms</b> (Degree or title) <b>0</b>		23b. ADDRESS <b>601 S. BRENTWOOD BLVD.</b>	23c. DATE SIGNED <b>11-6-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Entombment</b>	24b. DATE <b>11-8-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Mausoleum</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. - Mo.</b>
DATE REC'D BY LOCAL REG. <b>11-7-56</b>		REGISTRAR'S SIGNATURE <b>Herbert A. Donohue, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Parker - Aldrich - Webster Groves, Mo.</b> ADDRESS

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

No. 300  
10.48

1930-17-1050

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 *Neslie Welch*.....

Licensed Embalmer No. *395*

P. O. Address *Web. Grove*

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.