

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 18 1956

State File No. **43114**
Registrar's No. **10648**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 85 years	c. CITY OR TOWN St. Louis		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 St. Anne Home			e. STREET ADDRESS (If rural, give location) 2067 5301 Page Avenue		
3. NAME OF DECEASED (Type or Print) a. (First) ROSE b. (Middle) _____ c. (Last) GRINDON			4. DATE OF DEATH (Month) (Day) (Year) Nov. 21, 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 25, 1869	9. AGE (In years last birthday) 86	if UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Terre Haute, Indiana		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Anie DuPierrie		13b. MOTHER'S MAIDEN NAME Johanna Reid		14. NAME OF HUSBAND OR WIFE Alfred Grindon (Deceased)	
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 Leger Grindon ADDRESS 7456 Anherst University City		
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) Cerebral Arterio-sclerosis 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. Senile Dementia				INTERVAL BETWEEN ONSET AND DEATH 5 yr 5 yr
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION n		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		334x
21a. ACCIDENT SUICIDE HOMICIDE (Specify) n	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 Feb. 1951 , to Nov. 21, 1956 , that I last saw the deceased alive on Nov 20, 1956 , and that death occurred at 1:30 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE Dr. Mrs J. Lang		(Degree or title) M.D.	23b. ADDRESS 5803 Plymouth Ave St. Louis		23c. DATE SIGNED 11/21/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-23-56	24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery	24d. LOCATION (City, town, or county) St. Louis, (State) MO		
DATE REC'D BY LOCAL REG. NOV. 21 1956	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE SUEDMEYER & SON'S ADDRESS 3934 N. 20th Street		

S.P. (Licensed Embalmer's Statement on Reverse Side)

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

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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 *Gustav W. Dieterle*

Licensed Embalmer No. *43*

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.