

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020982

FILED VS MAY 25 1960

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4890

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hospital		d. STREET ADDRESS (If outside, give location) 2814 Mt. Pleasant	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Oran Middle Grisham Last			4. DATE OF DEATH Month May Day 7 Year 1960		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/5/1898	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Park Dep't. Laborer	10b. KIND OF BUSINESS OR INDUSTRY City of St. Louis	11. BIRTHPLACE (City and state or country) Rolla, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME Jackson Grisham	13b. MOTHER'S MAIDEN NAME Lucinda Williams	14. NAME OF HUSBAND OR WIFE Pearl
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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. Unknown	17. INFORMANT Chrisley A. Grisham, 1766 Mississippi	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Comminuted fracture of the skull		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Subdural hemorrhage		
DUE TO (c) Fracture Ribs. 902.0 21		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Suffered in fall of 1959		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N: <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. HOW INJURY OCCURRED. (Enter name of injury in PART I or PART II of item 18.) Below at 2411 of gutter
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year 5 7 60	Broadway on May 7th 1960.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 15 House	20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis Mo.

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at **620 A** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Patrick J. Taylor Carouss	(Degree or title)	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 5/9/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE 5-12-60	23c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington Blvd.	ADDRESS	25. DATE RECD. BY LOCAL REG. MAY 9 1960	26. REGISTRAR'S SIGNATURE Leon Smith, M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. Wilkin

Licensed Embalmer No. 357

P. O. Address U. Low

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.