

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-013303

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 21 1963

318

1003

2907

STATE FILE NUMBER

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		Length of stay, in 1b	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital; give location) HOSPITAL OR INSTITUTION Hospitals, Inc. St. Louis- Little Rock		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1469 Gregg Ave.,
3. NAME OF DECEASED (Type or print) First Middle Last Michael James Grady		4. DATE OF DEATH Month Day Year March 11 1963	
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 Oct 11, 1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Safety Engineer-Royal Globe Insurance Co.		10b. KIND OF BUSINESS OR INDUSTRY Cincinnati, Ohio	9. AGE (last birthday) 56
13a. FATHER'S NAME Michael J. Grady		13b. MOTHER'S MAIDEN NAME Catherine Carroll	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) Yes World War 2		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Colon		17. INFORMANT Address Helen M. Grady 1469 Gregg Ave.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 153.8		INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from June 1962 to 3/10/63 and last saw her ^{her} _{him} alive on 3/10/63 Death occurred at 3.15 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE K. W. Colley MD		22b. ADDRESS 1755 So Grand	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Rail)		23b. DATE Mar. 12, 1963	
23c. NAME OF CEMETERY OR CREMATORY Cincinnati, Ohio		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR Kriegerhauser		25. DATE RECD. BY LOCAL REG. MAR 12 1963	
26. REGISTRAR'S SIGNATURE Loan Smith, M.D.			

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Rev. 4/59
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DATE AMENDED
INSTEAD OF
DOCUMENT
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. SHOULD READ
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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MAR 28 1963

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 Ernest W. Gillard

Licensed Embalmer No. 4080

P. O. Address St Louis MO

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.