MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

26162

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 1707 Gratoit St. ..... Ward)

File No. .....

Registered No. 7824

2. FULL NAME Mary Fraction

(a) Residence. No. 1707 Gratoit St., 22 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Col

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 23, 1889

7. AGE: YEARS 38 | MONTHS 4 | DAYS 7 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Work,
(b) General nature of industry, business, or establishment in which employed (or employer): at Home,
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss,

PARENTS

10. NAME OF FATHER: Ellie Brandett

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Miss,

12. MAIDEN NAME OF MOTHER: Sophine Daggett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Miss,

14. INFORMANT X Essie Walker,
(Address) 1707 Gratoit St

15. FILED SEP -2 1927 19..... Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 30 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1927, to Aug 30, 1927 that I last saw her alive on Aug 30 1927, and that death occurred, on the date stated above, at 5 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
Chronic 93C
98B
(duration) 2 yrs. 7 mos. — ds.

CONTRIBUTORY (SECONDARY) Acute Cardiac Dilatation (duration) — yrs. — mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) [illegible], M. D

8/31, 1927 (Address) 615 N. Jefferson

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Granite City Ill

DATE OF BURIAL: 9/4 1927

20. UNDERTAKER: R. M. C. Green

ADDRESS: 3517 Laclede ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AND IS A PERMANENT RECORD

Dr Wright 615 No Jefferson