

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City, St. Louis (No. 4464, Book One)..... St. 11 Ward

File No. 29203
 Registered No. 8819

2. FULL NAME

Susie Hartgroves
 (a) Residence, No. 4464 Book One St. 11 Ward.
 (Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE Colored
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 21, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 | 8 | 8

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY)

10. NAME OF FATHER William Fagg

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Richmond
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Maple
 (STATE OR COUNTRY)

14. INFORMANT Am L. Hartgroves
 (Address) 4464 Book One

15. FILED OCT - 3 1927 maub Starkeoff
 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-29-27

17. I HEREBY CERTIFY, That I attended deceased from
, 19....., to, 19.....
 that I last saw h..... alive on, 19....., and that
 death occurred, on the date stated above, at 2 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock & Injuries (Internal), caused
by being crushed when home collapsed
during wind storm Sept. 29th., at
1:00 P.M. (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) ACCIDENT.
 (duration) yrs. mos. da.

18. WHERE WAS DEATH CONTRACTED 2022
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS 3/30/27
 (Signed) R. A. ..., M. D.
 +, 18 (Address) Corcoran

*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 St. Peter's Cem. DATE OF BURIAL 10-3-27

20. UNDERTAKER Peoples' Und. Co. Franklin
 ADDRESS 3790

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.

