

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

Do not use this space.

6711

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis Mo.** (No. **3450** & **California**)

File No.....
 Registered No. **1652**
 St..... Ward.....

2. FULL NAME

Grace E. Edwards
 (a) Residence. No. **3450 & California** St., **24** 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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 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 11-1873**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
54	10	1		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **House Wife**
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **St. Louis Mo.**

10. NAME OF FATHER

Henry H. Shelton

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) **Ohio**

12. MAIDEN NAME OF MOTHER

Caroline Felling

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) **Unknown**

14. INFORMANT **John O. Edwards**

(Address) **3450 & California**

15. FILED **FEB 19 1928** **Wm. Starkey** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Feb. 12- 1928**

17. I HEREBY CERTIFY That I attended deceased from **11** **Tr. A.** **1928**, to **12 Feb** **1928** that I had saw her alive on **12 Feb** **1928**, and that death occurred, on the date stated above, at **7:05** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

A
19 Apoplexy - cerebral hemorrhage
827

CONTRIBUTORY (SECONDARY) **Arterio Sclerosis**

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) **Edmund Retton**, M. D.

712, 1928. (Address) **7310 Michigan**

*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

Mount Hope DATE OF BURIAL **Feb. 14 1928**

20. UNDERTAKER

Ziegenheim Bros. 26436 Parker ADDRESS

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

