

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis*

Registration District No. *791*
Precinct Registration District No. *1007*

File No. *15070*
Registered No. *3988*
St. Ward

2. FULL NAME

(a) Residence. No. *5630 Maple Ave* St. *6* Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *Wh* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Jan 15 1911*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
17 2 8

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER *Edw. Grant*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *St. Louis Mo*
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Anna Holde*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *St. Louis Mo*
(STATE OR COUNTRY)

14. INFORMANT *Edw Grant*
(Address) *5630 Maple Ave*

15. FILED *Nov 11 1928*
REGISTRAR *Miss C. Starling*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Apr 9 1928*

17. I HEREBY CERTIFY, That I attended deceased from *March 27*, 1928, to *April 9*, 1928, that I last saw h. *alive* on *April 9*, 1928, and that death occurred, on the date stated above, at *5:30 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108 Radio Prolaps
10/10

CONTRIBUTORY (SECONDARY) *Lobar Pneumonia*
(duration) yrs. mos. ds. *7*

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? *No* DATE OF

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS? *Clinical & Lab*

(Signed) *Harry H Meyer*, M. D.

411, 19 *28* (Address) *4907 Delia*

*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 *Cemetery* DATE OF BURIAL *Apr. 12 1928*

20. UNDERTAKER *Miss F. Stewart* ADDRESS *5325 Easton*

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.

MISSOURI STATE BOARD OF HEALTH—PERMANENT RECORD

4903 Dulmar 68.

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