

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

Do not use this space.

21791

1. PLACE OF DEATH

County.....St. Louis
Township.....Carondelet
City.....Koch

Registration District No.....1123
Primary Registration District No.....8248 *B*

File No.....
Registered No.....188
St.....
Ward.....

2. FULL NAME

Stovall Grace
2128 Franklin

(a) Residence. No.....2128 Franklin St.....18 Ward.....

(Usual place of abode)
Length of residence in city or town where death occurred yrs. 3 mos. 18 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

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 9 1880

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ____ hrs.
or ____ min.

47

9

24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.....

Laundress

(b) General nature of industry,
business, or establishment in
which employed (or employer).....

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

Missouri

(STATE OR COUNTRY)

10. NAME OF FATHER

Elick Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Martha Jackson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

14.

INFORMANT
(Address)

R Koch Records

Koch Mo.

15.

FILED.....

June 2 1928 L.C. Obrock M.D.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR)

June 3 1928

17.

I HEREBY CERTIFY, That I attended deceased from Feb. 15 1928, 1928, to June 3 1928, 1928,
that I last saw him en June 3 8 A.M., and that
death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tbc.

About (duration).....yrs.....mos.....ds.

CONTRIBUTORY Gastro-Intestinal Tbc.
(SECONDARY)

Prob. about 6 months (duration).....yrs.....mos.....ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....Unknown

Did an operation precede death.....No DATE OF.....

WAS THERE AN AUTOPSY?.....Yes

WHAT TEST CONFIRMED DIAGNOSIS.....X Ray & Sputum

(Signed).....Beleen.....M. D.

6/3/28 (Address) Koch Mo.

*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

DATE OF BURIAL

Greenwood

6/5 1928

20. UNDERTAKER

C. H. Rokuts.

ADDRESS

3835 Lucas Ave.

WRITE IN INK, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. R.—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.

APR 25 1941