SEP 27 1928

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

Do not use this space.

1. PLACE OF DEATH
County: St Louis
Township: CARONDELET
City: ..... (No. ..... St. ..... Ward)

Registration District No. 1123
Primary Registration District No. 8248 II

File No. 28434
Registered No. 469

2. FULL NAME Hilda Grass
(a) Residence. No. ~~St Genevieve Mo~~ St., ... Ward. St. Genevieve Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 11 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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) Oct. 11 - 1895

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
32	10	3	

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): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) St. Genevieve
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Xavier Stoog
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Genevieve
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Agatha Nager
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Genevieve
(STATE OR COUNTRY) Mo.

14. INFORMANT Hospital Record
(Address) .....

15. Aug. 14, 28 L. C. Obrock M.D.
FILED ....., 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 14 1928

17. I HEREBY CERTIFY, That I attended deceased from July 29, 1928, to Aug. 14, 1928, that I last saw her alive on August 13, 1928, and that death occurred, on the date stated above, at 12 30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

31 [illegible] not known.
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (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? no

WHAT TEST CONFIRMED DIAGNOSIS? S. Putnam

8/14, 1928 (Signed) Laurence Schuster, M.D.
(Address) 3515 S. Grand Blvd. St. Louis

*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 Genevieve Mo
DATE OF BURIAL: 8-16 1928

20. UNDERTAKER: Basler Bros Co
ADDRESS: St Genevieve

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.