

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

Do not use this space.

31841

**1. PLACE OF DEATH**

County: ..... Registration District No. 78  
 Township: St. Louis Primary Registration District No. 15  
 City: St. Louis (No. City Hospital #2) St. ..... Ward)

File No. 9098  
 Registered No. 9098

**2. FULL NAME**

(a) Residence. No. 123 California St. 22 Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 12 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 Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
abt 60

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Laborer  
 (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) Miss

10. NAME OF FATHER Jim Sprinks

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT (Address) Anna Woodard City Hospital #2

15. FILED W.C. Starbuck REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from 8-26, 1928, to 9-9, 1928, that I last saw her alive on 9-9, 1928, and that death occurred, on the date stated above, at 5108 A m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

blw. myocarditis  
930  
 (duration) yrs. 9 mos. da.  
 CONTRIBUTORY (SECONDARY) blw. nephritis  
 (duration) yrs. 9 mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? WPA

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Feb  
 (Signed) T. E. Birmingham, M. D.  
 , 19 (Address) 2945 Salomon

\*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  
Washington Park 9-15-1928

20. UNDERTAKER ADDRESS  
Peapack Franklin

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.

