WRITE 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.

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

Do not use this space.

12964

791

1003

File No.

Registered No. 3516

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St Louis (No. 4400 Forest Park St. Ward)

2. FULL NAME Sophronia I. Grojean

(a) Residence. No. 4400 Forest Park St. 18 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 25, 1838.

7. AGE: 90. YEARS | MONTHS: 3 | DAYS: 25 | If LESS than 1 day, ___ hrs. or ___ min.

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: Self.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

PARENTS

10. NAME OF FATHER: Louis W. Potter

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

12. MAIDEN NAME OF MOTHER: Minerva Martin

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

14. INFORMANT: Mrs Ella M. Saunders
(Address) 4400 Forest Park Blvd.

15. FILED 21 19 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 20. 1929.

17. I HEREBY CERTIFY, That I attended deceased from Mar 8th, 1929, to Mar 20, 1929 that I last saw her alive on Mar 20, 1929, and that death occurred, on the date stated above, at 8.45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia with Senility

108

169 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Senility

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? [illegible]

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) L. L. Walker M.D. M.D.

Mar 21, 1929 (Address) 4425 Nat Bridge Av

*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: Morley Mo

DATE OF BURIAL: March 22 1929.

20. UNDERTAKER: Allen W. McLaughlin

ADDRESS: 1631 Missouri