

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

Do not use this space.

29065

**1. PLACE OF DEATH**

County..... Registration District No. 1201  
 Township..... Primary Registration District No. 3603  
 City St. Louis (No. 5660 Cabanne Ave) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 8158  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Grace Herndon Fletcher

(a) Residence. No. 5660 Cabanne Ave St. 5 Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-26-1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
50 2 14

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work None  
 (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) Mo.

10. NAME OF FATHER Edward D. Herndon

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

12. MAIDEN NAME OF MOTHER Rebecca D. Cook

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

14. INFORMANT Therwood E. Bulluck  
 (Address) 5660 Cabanne Ave

15. FILED May 27 1929  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/9/29 1929

17. I HEREBY CERTIFY, That I attended deceased from May 11 1929, 1929, to 8/9/29, 1929, that I last saw her alive on 5/5/29, 1929, and that death occurred, on the date stated above, at St. Louis

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Kidney Disease with anemia

CONTRIBUTORY (SECONDARY) Arterio Sclerosis  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 10/10  
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS app tests  
 (Signed) Chas Hugh Herndon

8/9, 1929 (Address) 5660 Cabanne Ave

\*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 Valley View DATE OF BURIAL 8-12 1929  
 ADDRESS

20. UNDERTAKER Alexander & Sons 6175 Delmar

RECORD WITH ORDERING 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.

Dr. C. A. Nelson

Humboldt Bldg.