

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

Do not use this space.

7785

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 0003

City St. Louis, Mo. (No. Mo. Baptist Sem.)

File No. ....

2152

Registered No. ....

St. .... Ward)

**2. FULL NAME** Emma R. Grace

(a) Residence, No. 2217 N. 10<sup>th</sup> St. St., 26 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)

Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 28 - 1866

7. AGE

YEARS  
64

MONTHS  
11

DAYS  
18

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

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)

2217

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Sty.

(STATE OR COUNTRY)

10. NAME OF FATHER

Frank. Hood

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Sty.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Sarah Porter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Sty.

(STATE OR COUNTRY)

14.

INFORMANT

John Grace

(Address)

2217 N. 10<sup>th</sup> St.

15.

FILED

May 11 1931  
May C. Parker

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 16<sup>th</sup> 1931

17.

I HEREBY CERTIFY, That I attended deceased from July 30, 1928, to February 16, 1931, that I last saw him or alive on February 16, 1931, and that death occurred, on the date stated above, at 10<sup>20</sup> A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

57 Acute Cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Diabetes Mellitus

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

(DID AN OPERATION PRECEDE DEATH) DATE OF

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. D. Stewart, M. D.

116, 1931 (Address) 5669 Delmar

\*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

Hopkinsville Sty.

DATE OF BURIAL

2-17-1931

20. UNDERTAKER

Ray Leidner Ind. Co. N. Market St.

WRITE PRINTED, 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.

