

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **701**

Township.....

Primary Registration District No. **1003**

City **St. Louis Mo**

(No. **Jewish Hospital - 228 So. Kings Highway**)

19625

File No.

Registered No. **5599**

Ward)

2. FULL NAME GRACE ALLEN

(a) Residence. No. **4951 Olethia Ave. St. 14** 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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female White

MARRIED

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

BRUCE ALLEN

6. DATE OF BIRTH (MONTH, DAY AND YEAR) MAY-1-1903

7. AGE

YEARS **28**

MONTHS

DAYS **13**

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Housewife. 235**

(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) **Montgomery Mo. 1**

10. NAME OF FATHER William Baxter

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

12. MAIDEN NAME OF MOTHER Stella Edman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Montgomery - Mo.

14.

INFORMANT **BRUCE ALLEN.**
(Address) **4901 Olethia Ave.**

15.

FILED **May 15 1931**
C. J. Stanley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/14 1931

17. I HEREBY CERTIFY, That I attended deceased from 5/9 1931, to 5/14/1931, that I last saw her alive on 5/14/1931, and that death occurred, on the date stated above, at 6:42 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Subacute Bacterial Endocarditis.

Chronic Rheumatic heart

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) disease

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH DATE OF

WAS THERE AN AUTOPSY **yes**

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) **Julius Elson** M. D.

5/14 . 1931 (Address) Jewish Hospital.

*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

St. Paul Churchyard.

May 15 1931

20. UNDERTAKER

ADDRESS 7746

CROGHAN UNDERTAKING CO MANCHESTER AVE

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.

