

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

Do not use this space.

36135

**1. PLACE OF DEATH**

County..... Registration District No. 792  
Township..... Primary Registration District No. 1002  
City St Louis (No. Jewish Hosp)

File No.....  
Registered No. 10660  
St. .... Ward)

**2. FULL NAME**

Miss Grace Moses  
(a) Residence, No. 4740 E. Plumer 19 Ward.

(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<br><u>F</u>   | 4. COLOR OR RACE<br><u>W.</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF   |                               |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 22, 1852</u>  |                               |  |
| 7. AGE   | YEARS                         | MONTHS   |
| <u>78</u>  | <u>10</u>                     | <u>27</u>  |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u> |                               |  |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.                         |                               |  |
| 10. Date deceased last worked at this occupation (month and year)  |                               | 11. Total time (years) spent in this occupation                            |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Charleston S. Can.</u>                                 |                               |  |
| 13. NAME <u>Levi Moses</u>   |                               |  |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Charleston S. Can.</u>                                 |                               |  |
| 15. MAIDEN NAME <u>Adeline Moses</u>   |                               |  |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>South Can.</u>   |                               |  |
| 17. INFORMANT <u>Mrs. G. Loeb</u>  |                               |  |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Montgomery, Cal.</u> DATE <u>10/24</u> 19 <u>31</u>             |                               |  |
| 19. UNDERTAKER (ADDRESS) <u>Mayer &amp; Lindell</u>  |                               |  |
| 20. FILED <u>OCT 20 1931</u> <u>Max G. Starckoff</u> Registrar.  |                               |  |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1928 to Oct 19 1931  
I last saw her alive on Oct 19 1931. Death is said to have occurred on the date stated above, at 4:45 pm.  
The principal cause of death and related causes of importance were as follows:  
Date of onset

Cancer of Uterus (body)  
Metastasis of liver

Other contributory causes of importance:  
Metastasis of liver

Name of operation Curetting of Radix Date of 12/10/1930  
What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify .....  
(Signed) Ernest Jonas M. D.  
(Address) 453 W. Taylor

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.

