

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

Do not use this space.

✓ 14474
File No. _____
Registered No. **3839**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **7871**
Township _____ Primary Registration District No. **31008***
City **St. Louis, Mo.** (No. **City Hospital #2**)

2. FULL NAME

Lillie (Grace) Grace
(a) Residence, No. **222 Miller** St., **12** Ward.
(Usual place of abode)

Length of residence in city or town where death occurred **29** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>Col</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <i>Edward J. Grace</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>8-31-1874</i>				
7. AGE	YEARS <i>57</i>	MONTHS <i>7</i>	DAYS <i>19</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Chief 235</i>			
	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) <i>Ill. ?</i>				
FATHER	13. NAME <i>Esley Campbell</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>			
MOTHER	15. MAIDEN NAME <i>Anna Casal</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ill. ?</i>			
17. INFORMANT (ADDRESS) <i>A. Gutzwiller #2 City Hospital</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Washington Park</i> DATE <i>10-21</i> 19 <i>32</i>				
19. UNDERTAKER (ADDRESS) <i>Water and Fire Ins. Co. 2709 Charlotte Ave.</i>				
20. FILED <i>1932</i> <i>St. Louis, Mo.</i> <i>C. J. Stanley</i> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-18-1932*

22. I HEREBY CERTIFY, That I attended deceased from *4-8*, 19*32*, to *4-18*, 19*32*.
I last saw h. *alive* on *4-18*, 19*32*. Death is said to have occurred on the date stated above, at *5:25* m.
The principal cause of death and related causes of importance were as follows:
131
Chronic Nephritis

Other contributory causes of importance:
131

Name of operation _____ **Date of** *no*

What test confirmed diagnosis? *urinal* **Was there an autopsy?** _____

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? _____
If so, specify _____

(Signed) *C. J. Stanley*, M. D.
(Address) *C. J. Stanley, No. 2*

N. E.—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.

