

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

Do not use this space.

37757

File No.
Registered No. **10459**
St. Ward)

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City *St. Louis* (No. *City Hospital*)

12035
2. FULL NAME *Margaret Grimm*

(a) Residence, No. *3725 Louisiana* St. Ward. *16*

Length of residence in city or town where death occurred *15* 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 *female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 29 - 1893*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 5 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *home*
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) *St. Sterling, Mo.*

MOTHER FATHER 13. NAME *Bayless West*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

15. MAIDEN NAME *Nora Sibbles*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

17. INFORMANT (ADDRESS) *Hospital information City Hospital*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Lakewood Park Nov 8 1932*

19. UNDERTAKER (ADDRESS) *John R. Ziegenhain & Sons 702 1/2 Market St. St. Louis*

20. FILED *NOV 26 1932*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 24th, 1932*

22. I HEREBY CERTIFY That I attended deceased from *Oct. 15th, 1932* to *Nov. 24th, 1932*

I last saw her alive on *Nov. 24th, 1932* Death is said to have occurred on the date stated above, at *8:40 P.M.*

The principal cause of death and related causes of importance were as follows:

Carcinoma of cervix (uterus) Date of onset

48 hrs

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? *clinical* 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 *(1)*

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) *Walter C. Ziegenhain* M. D.
(Address) *City Hospital*

Registrar

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.

Green