

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

Do not use this space.

3545

**1. PLACE OF DEATH**

County ..... Registration District No. 785 File No. ....  
 Township ..... Primary Registration District No. 1015 Registered No. 479  
 City St. Louis (No. 1015 City Ward / 1 St. .... Ward)

**2. FULL NAME**

Grace Casper  
 (a) Residence, No. 1102 St. Louis ave., 26 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joe Casper</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 15 1895</u>		
7. AGE YEARS <u>47</u>	MONTHS <u>11</u>	DAYS <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>St. Louis Mo</u>		
13. NAME <u>George Shade</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>		
15. MAIDEN NAME <u>Anna Betty</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>U.S.A</u>		
17. INFORMANT (ADDRESS) <u>J. H. Casper 1102 St. Louis ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine</u> DATE <u>Jan 16</u> '35		
19. UNDERTAKER (ADDRESS) <u>A. Kron &amp; Co. 476 1/2 N. Grand St. St. Louis</u>		
20. FILED <u>JAN 13 1935</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1935

22. I HEREBY CERTIFY That I attended deceased from 10 Physician in Attendance 1935 to 1935

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:  
Acute Dilatation of Heart  
Fatty Degeneration of Heart

Other contributory causes of importance:  
None

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) J. W. Kerner M.D.  
 (Address) Dep. Coroner

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.

FORM RESERVED FOR OTHER

