

**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. 791  
Township..... Primary Registration District No. 3000  
City St. Louis (No. 4141, Page Blue)

File No. 8074  
Registered No. 2077  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. .... St. 11 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 17 - 1896</u>		
7. AGE	YEARS	MONTHS
	<u>36</u>	<u>7</u>
		DAYS
		<u>10</u>
8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc.		<u>blank</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>Hotel Statler</u>
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</u>
13. NAME <u>William A. Grace</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
<u>Ky.</u>		
15. MAIDEN NAME <u>Anna Holland</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
<u>St. Louis</u>		
17. INFORMANT <u>Mrs. Anna MacMahon</u>		
(ADDRESS) <u>4141 Page Bldg</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	DATE	
<u>Babington</u>	<u>Mar 3<sup>rd</sup></u>	<u>1933</u>
19. UNDERTAKER <u>John J. Donnell, Inc.</u>		
(ADDRESS) <u>3440 ...</u>		
20. FILED <u>MAR - 1 1933</u>		
<u>Wm. Stankov</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1932 to Feb 27, 1933  
I last saw him alive on Feb 27, 1933 Death is said to have occurred on the date stated above, at 11:52 m.  
The principal cause of death and related causes of importance were as follows:  
Date of onset

Chronic myocarditis  
Delirium Tremens  
Chronic alcoholism

Other contributory causes of importance:  
93

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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? no  
If so, specify.....  
(Signed) Art Hansen, M. D.  
(Address) 4541 Delmar

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.

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Dr A. L. Hansen

4541 Nelmar Rd

12 noon