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.

JUN 19 1934

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 1003 File No. 18118

Township ..... Primary Registration District No. ..... Registered No. 4568

City St. Louis Mo (No. 2945 - Lawton Bhd City Hosp. #2 Ward)

2. FULL NAME Grace Lennox

(a) Residence, No. 3333 - Market St. Ward 18
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. COLOR OR RACE Colored | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24-1889

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
44	4	7	

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. Hswk

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) Ill.

FATHER

13. NAME Jim Mellon

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

MOTHER

15. MAIDEN NAME Maggie ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Ruby Perdeault 2945 - Lawton

18. BURIAL, CREMATION, OR REMOVAL

PLACE Father Dickson DATE May 5, 1934

19. UNDERTAKER (ADDRESS) Theo. Perkins 3307 Lucas

20. FILED MAY 5 1934, 19 J. F. Bredeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-1-, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-22-, 1934, to 5-1-, 1934

I last saw her alive on 5-1-, 1934 Death is said to have occurred on the date stated above, at 1:45 A m.

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

Cerebral Hemorrhage — Date of onset 4-22-34

82A

107A

Other contributory causes of importance:

Bronchopneumonia

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) Henry C. Hampton, M.D.

(Address) 2945 - Lawton Bhd