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.

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

FEB 21 1935

Do not use this space.

45273

File No. 45273

Registered No. 6

1. PLACE OF DEATH

County

Township

City Saint Louis (No. 16 South Theresa Avenue St. Ward)

Registration District No. 1791

Primary Registration District No.

2. FULL NAME Anna B. Grove

(a) Residence, No. 16 South Theresa St., 18 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unavailable 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: Sidney Grove

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr 20 1884

7. AGE: YEARS 50 | MONTHS 8 | DAYS 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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 Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alabama

FATHER

13. NAME: William Covey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable

MOTHER

15. MAIDEN NAME: Julia White

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alabama

17. INFORMANT (ADDRESS): Mrs Ethel McAllister 4271 W. Aldine Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Cr. Pk. DATE Jan 1, 1935

19. UNDERTAKER (ADDRESS): Charles J. Gates 4107 Finney Avenue

20. FILED Jan 1, 1935 — J. F. Bredeck, Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1st, 1934, to December, 1934

I last saw her alive on December 28, 1934 Death is said to have occurred on the date stated above, at 8:10 A.M.

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

	Date of onset
Shock (Hemorrhage)	Dec 28
Cause from Carcinoma	
Other contributory causes of importance:	
Cancer of uterus	6 mth

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? .....

If so, specify .....

(Signed) W. A. Younge W. A. Younge, M. D.

(Address) 2316a Market Street.