

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**

Do not use this space.

JUL 12 1935

21309

1. PLACE OF DEATH

County..... Registration District No. **791**
 Townshp..... Primary Registration District No. **1003**
 City..... *St. Louis Mo. No. 13 Baptist Church*..... St. Ward)

File No.....
 Registered No. **5244**
 St. Ward)

2. FULL NAME

(a) Residence, No. *3120 W. Taylor* St., *10* Ward. (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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 14 - 1893*
 7. AGE YEARS *41* MONTHS *8* DAYS *2* If LESS than 1 day,hrs. ormin.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *stenographer*
 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) *St. Louis Mo*

13. NAME *Clark V. Graves*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New York*

15. MAIDEN NAME *Eleanor Hall*

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

17. INFORMANT (ADDRESS) *Mary Graves 3120 W. Taylor*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Challenger Ave June 1935*

19. UNDERTAKER (ADDRESS) *Stork & Carroll 1300 North Judge*

20. FILED **17 1935** 19 *J. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 16 1935*

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at *3:11* m.

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

Cerebral Hemorrhage; contrib., Chronic Endocarditis, Chronic Parenchymatous Nephritis.

Other contributory causes of importance: *131*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *Y. O. S*

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. Bredeck*, M. D.
 (Address) *St. Louis Mo*

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