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

DEC 20 1935

Do not use this space.

38204

1. PLACE OF DEATH

County St Louis — Registration District No. 1170 — File No.

Township Central — Primary Registration District No. 6248 H — Registered No. 227

City Richmond Hts Mo. (No. St Mary's Hospital St. Ward)

2. FULL NAME Ellen M Grant

(a) Residence, No. 3868 Cleveland St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22 1882

7. AGE: 51 YEARS — MONTHS — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

FATHER

13. NAME David Lonergan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Mary Dunn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) James E. Grant 3868 Cleveland

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Nov 12 1935

19. UNDERTAKER (ADDRESS) Thos J Finan 1519 Grand

20. FILED Nov 11 1935 Gertrude Porter Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1935, to Nov 9, 1935
I last saw her alive on Nov 9, 1935. Death is said to have occurred on the date stated above, at 10 15 P.M.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Right — Date of onset 11/5

Other contributory causes of importance: Pyelitis & Cystitis.

Name of operation — Date of
What test confirmed diagnosis? Clinical — 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? No
If so, specify
(Signed) James F Wade M. D.
(Address) 1004 Mo Theatre Bldg