

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

Do not use this space.

42075

1. PLACE OF DEATH

County St. Louis Registration District No. 1160
 Township..... Primary Registration District No. 4470
 City University City (No. 717 Eastgate) St. _____ Ward _____

File No.
 Registered No. 131
 St. _____ Ward _____

2. FULL NAME

Marnie Gracy
 (a) Residence, No. 717 Eastgate Ave. St. _____ 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 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) April 28, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
40 7 29

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 Elmer Gracy

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Rose Engel

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Germany

17. INFORMANT Al. Kanter
 (ADDRESS) 717 Eastgate

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Oliv. Burial DATE 12-29-1935

19. UNDERTAKER H. Beritakoff
 (ADDRESS) 5216 Delmar

20. FILED Dec. 28, 1935 Lina V. Moeller
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-27, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1933, 1933, to Dec. 27, 1935.
 I last saw her alive on Dec. 27, 1935. Death is said

to have occurred on the date stated above, at 4:45 a.m.

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

Rheumatic Heart Disease with Complete Heart Failure

Date of onset 1922

Other contributory causes of importance:
Pulmonary Embolism
Aortic Aneurysm

Name of operation _____ Date of _____
 What test confirmed diagnosis? Smear, Stach Was there an autopsy? no

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) Louis J. Arthur M. D.
 (Address) 3720 Washington St. Louis, Mo.

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.

