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.

MAR 25 1936

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

Do not use this space.

8729

1. PLACE OF DEATH
County St. Louis — Registration District No. 1160 — File No.
Township — Primary Registration District No. 4470 — Registered No. 25
City University City Mo (No. 6600, Washington St. Ward)

2. FULL NAME Mrs. Anna Yeager Graves
(a) Residence, No. 6600 Washington Ave. 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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 11, 1840
7. AGE: 95 YEARS, 2 MONTHS, 29 DAYS. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1922
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): Kentucky

FATHER
13. NAME: Henry Yeager
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Elizabeth Clare
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Christian Old Peoples Home, L. Simpson - 6600 Washington
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Louisville Ky DATE: Feby 11, 1936
19. UNDERTAKER (ADDRESS): Shepard Funeral Home, 1167-69 Hamilton Ave.
20. FILED: Feb. 11, 1936 Lena V. Moeller, D Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feby 10, 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1936, to Feb. 9, 1936
I last saw her alive on Feb 9, 1936. Death is said to have occurred on the date stated above, at 10 15 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Heart Lesion Stenosis	(3)

Other contributory causes of importance: Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) F. Phyas, M. D.
(Address) 607 N. Grand Av