

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.

JUN 5 1936

20915

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... City Hospital District No. **1903**
City *St. Louis, Mo.* (No. *City Hospital No. 2*)

File No.....
Registered No. **5115**
St..... Ward.....

2. FULL NAME

(a) Residence, No. *4216 W. St. Ferdinand*
(Usual place of abode)

Length of residence in city or town where death occurred *Life* yrs. mos. *11* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *Negro* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Major Conrad*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 23-1913*

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
22 10 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House work*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *housewife*
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) *Missouri*

FATHER 13. NAME *William Groves*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

MOTHER 15. MAIDEN NAME *Anna Walker*

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

17. INFORMANT (ADDRESS) *July Decker 2945 - Lawton*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Bernard* DATE *May 12 1936*

19. UNDERTAKER (ADDRESS) *Adams 35149 W. Madison*

20. **MAY 11 1936** *J. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 9th 1936*

22. I HEREBY CERTIFY, That I attended deceased from *5-7-36*, 1936, to *5-9-36*, 1936.

I last saw her alive on *5-9-36*, 1936. Death is said to have occurred on the date stated above, at *2:20 P.M.*

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

Spinal Meningitis (Date of onset *5-7-36*)
Non-Epidemic
non-Tuberculous.

Other contributory causes of importance:

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?.....

If so, specify.....

(Signed) *Jas. P. Harris*, M. D.
(Address) *2945 Lawton*

