

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.

To be ~~filled~~ by *Cordner*

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

Do not use this space.

24170

1. PLACE OF DEATH

County ST. LOUIS Registration District No. 790 File No. 24170
 Township CENTRAL Primary Registration District No. 60333 Registered No. 733
 City Clayton Mo (No. ST. LOUIS, COUNTY HOSPITAL) St. _____ Ward)

2. FULL NAME. GRANT, Anne

(a) Residence, No. EUREKA MO 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) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF RICHARD GRANT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 31 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
60 5 20

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

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) MISSOURI

FATHER 13. NAME UNKNOWN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER 15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT RICHARD GRANT (ADDRESS) EUREKA MO

18. BURIAL, CREMATION, OR REMOVAL PLACE OAK HILL CEM DATE JUNE 23 1936

19. UNDERTAKER Louis N Bopp (ADDRESS) Richwood Mo

20. FILED 6/22 1936 Dr. J. Sigmond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/21 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/20 1936, to 6/21 1936

I last saw her alive on 6/21 1936 Death is said to have occurred on the date stated above, at 5:00 a.m.

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

Uraemia Secondary to
Cardio-vascular renal disease
 Date of onset _____
 Other contributory causes of importance: 181

Name of special _____ Date of _____
 What test confirms 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 _____

Was the death or injury in any way related to occupation of deceased? no

(Signed) Joseph F. Topp, M. D.
 (Address) St. Louis Co. Hosp.

