

JUL 14 1936

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

Do not use this space.

24694

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. 5090 Maple Ave.)

File No.....
Registered No. **6316**
St. Ward)

2. FULL NAME Mary Lyndell Grosch

(a) Residence, No. 15090 Maple Ave. St. 12 Ward. (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) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leon Grosch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-2-1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 2 18

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

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) New Albany Ind.

13. NAME Charles W. Lyndell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Penn.

15. MAIDEN NAME Lally Casiter

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

17. INFORMANT Frank L. Lyndell (ADDRESS) Windsor Hotel

18. BURIAL, CREMATION, OR REMOVAL PLACE New Albany Ind. DATE June 23 1936

19. UNDERTAKER Ally and Sons (ADDRESS) 617 S. Delaware Blvd St. Louis

20. JUN 22 1936 19... J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1935 to June 20 1936

I last saw her alive on June 15 1936 Death is said to have occurred on the date stated above, at 8 P. m.

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

Cerebral Apoplexy

Date of onset

Other contributory causes of importance:

Chronic Nephritis

Name of operation Syncope Date of

What test confirmed diagnosis? Chemical 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) John C. Brown M. D.

(Address) 4518 Washington Ave

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.

4018 Washington