

AUG 28 1936

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

Do not use this space.

29282

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis, Mo.

(No. City Infirmary)

File No. 29282

Registered No. 8081

St.

Ward)

2. FULL NAME

Agnes Gracy,

City Infirmary

Hospital Ward. 13

(a) Residence, No.

(Usual place of abode)

5800 Arsenal St.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

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

Unknown Widow

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

Unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

abt 1855

81

?

?

OCCUPATION

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

Nil

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

X

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Alabama.

13. NAME

W? Unknown

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

15. MAIDEN NAME

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

17. INFORMANT

E. Molony

(ADDRESS)

5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Washington D

DATE

7-18-1936

19. UNDERTAKER

W. Richter

(ADDRESS)

3500 Butler St

20. FILED

JUL 31 1936

J. Brebeck

Registrar.

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

July 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1936, to July 12, 1936

I last saw her alive on July 12, 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:

CHRONIC MYOCARDITIS

Date of onset

Other contributory causes of importance:

SENILITY

Name of operation.....

Date of.....

What test confirmed diagnosis?.....

Was there an autopsy?.....

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) P. P. P.

M. D.

(Address) 5600 Arsenal

CAUSE OF DEATH in plain terms, so that it may be properly understood.

