

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 12 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 1697 791
Primary Registration District No. 1003
No. Central Hospital

File No. 47818
Registered No. 1250
St. Ward)

2. FULL NAME

(a) Residence, No. 4306 of Linton St.,
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds.

Ward. 9

(If nonresident, give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 3, 1936</u>		
7. AGE	YEARS	MONTHS
<u>Stillborn</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
13. NAME <u>Bernard Grabaski</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Utica, N. Y.</u>		
15. MAIDEN NAME <u>Edna Heibel</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
17. INFORMANT <u>Bernard Grabaski</u> (ADDRESS) <u>4306 Linton Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	DATE	
<u>St. Johns Cem.</u>	<u>Feb 4, 1936</u>	
19. UNDERTAKER (ADDRESS) <u>My Kidney and Co</u> <u>1147 N. Market St</u>		
20. FILED <u>3 1936</u> <u>Feb - 3 1936</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 6:15 A.M.

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

Other contributory causes of importance:
unknown

Name of operation none Date of Feb

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) H. W. Adams, M. D.
(Address) 12518 Washington Ave

Registrar.

