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

JUN 12 1937

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. City Hosp. #1 St. ..... Ward)

File No. 18005

Registered No. 4581

C1299

2. FULL NAME Carol Ann Grubb

(a) Residence, No. 4640 Gravois St., 15 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27, 1937

7. AGE: YEARS | MONTHS | DAYS 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) St. Louis Missouri

FATHER

13. NAME Clifford Grubb

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

MOTHER

15. MAIDEN NAME Fay Waddell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lucas So. Dakota

17. INFORMANT (ADDRESS) Clifford Grubb 4640 Gravois

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Matthews DATE May 4 1937

19. UNDERTAKER (ADDRESS) Allen W. McLaughlin 2301 Lafayette Ave

20. MAY 4 - 1937 19 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/1/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/27, 1937 to 5/1/37, 19

I last saw her alive on 5/1 1937 Death is said to have occurred on the date stated above, at 6:15 p.m.

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

Pneumonia Lobar

Prematurity

Date of onset

Other contributory causes of importance: 159

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) R. Sanderson, M. D.

(Address) 1515 Lafayette Ave St Louis Mo