

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**

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

HOMER G PHILLIPS HOSPITAL **791**

File No. **22032**

County.....

Registration District No.....

Township.....

Primary Registration District No.....

Registered No. **5784**

City **St. Louis, Mo.** (No. **2601 N Whittier**)

St. _____ Ward _____

2. FULL NAME

Lillian Grooms

(a) Residence, No. **1101 N Compton** St. **21** Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **9** 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 **Col.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 13, 1900**

7. AGE YEARS 35	MONTHS 37	DAYS 4	If LESS than 1 day, hrs. or min. 22
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**
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) **Missouri**

13. NAME **Ike Kaplin**

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

15. MAIDEN NAME **Josephine McConnely**

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

17. INFORMANT **Evelyn Hilliard**
(ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **June 12, 1937**

19. UNDERTAKER **J. W. Deane**
(ADDRESS) **1002 N. Cass**

20. FILE NO. **4661 2T NOG** **J. J. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 5, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **5-10-** 19**37** to **6-5-** 19**37**

I last saw **her** alive on **6-5-** 19**37**. Death is said to have occurred on the date stated above, at **11:40 p. m.**

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

Pneumonia (Terminal) **5-10-37** Date of onset

Other contributory causes of importance:
Hypertensive Heart Disease

Name of operation..... Date of.....
What test confirmed diagnosis **Clinical** 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?.....
If so, specify.....
(Signed) **A. L. Lewis** M. D.
(Address) **2601 N Whittier**

