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.

SEP 10 1937

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

Do not use this space.

29045

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis (No. 4465 Forest Park Blvd. St. ..... Ward)

File No. ..... Registered No. 7678

2. FULL NAME Grace Jane Ely

(a) Residence, No. 4465 Forest Park Blvd. St., 19 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14, 1873

7. AGE: YEARS 63 MONTHS 8 DAYS 30 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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 Mo.

FATHER

13. NAME Theadore C. McBride

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Utica New York

MOTHER

15. MAIDEN NAME Ann Thurston

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

17. INFORMANT (ADDRESS) Carmon A. Ely 4465 Forest Park Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE 8-16 1937

19. UNDERTAKER (ADDRESS) Kriegshauser Mortuaries 4228 So. Kingshighway

20. FILED AUG 14 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-13 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1932, to Aug 13, 1937

I last saw her alive on Aug 12, 1937 Death is said to have occurred on the date stated above, at 11 A.M.

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

Chronic Pancarditis

Date of onset

90

Other contributory causes of importance:

Chronic Gastro Enteritis

Name of operation none Date of —

What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Dr M F Hermann, M. D.

(Address) 2743 S Grand