

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

32802
Do not use this space.

1. PLACE OF DEATH 4-1937

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City St. Louis. (d) Street No. 575 No. Taylor Ave. Registered No. **8856**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Grace H. Harding.

(a) Residence, No. 375 No. Taylor Ave. St. 12
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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) Dec. 15th, 1868.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68. 9. 7.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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) Nebraska City, Nebraska.

13. NAME Nehemiah S. Harding.

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

15. MAIDEN NAME Mary Ann K. Baldwin.

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

17. INFORMANT (ADDRESS) Mrs Mary H. Miller. 375 No. Taylor Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Nebraska City, Neb. DATE 9/23....., 37

19. FUNERAL DIRECTOR (ADDRESS) C. R. Iupton & Sons. 4449 Olive Street.

20. FILED SEP 22 1937 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept - 1930, to Sept 22, 1937

I last saw her alive on Sept 21, 1937. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

myocarditis chronic Date of onset

Other contributory causes of importance

tubercular hip joint (right) since childhood

Name of operation none 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? no If so, specify

(Signed) Paul Vinyard, M. D. (Address) 3718 1/2 Olive St. St. Louis

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.

OCCUPATION 62
FATHER 222009
MOTHER 222009

3718 01 w/e
APR-63 82
11-2 P.M.

STATEMENT BY LICENSED EMBALMER

I, J. T. Lupton, Licensed Embalmer No. #2122
hereby certify that the body recorded on the reverse side of this certificate was embalmed by
L. E. V. E. Morris
No. #3360 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____
Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)