

REC'D APR 11 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

9004

Do not use this space.

1. PLACE OF DEATH **Homer G Phillips Hospital**

(a) County Registration District No. **791**
1003

(b) Township Primary Registration District No.

(c) City **St. Louis** (d) Street No. **2601** **N Whittier** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred **6** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Malinda Grinter** **653**

(a) Residence, No. **3221 Dalmar** St. **21** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F**

4. COLOR OR RACE **C**

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 17, 1888**

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

49 **10** **28**

OCCUPATION

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

9. Industry or business in which work was done, as 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) **Kentucky**
 (STATE OR COUNTRY) **1**

FATHER

13. NAME **Allen McClear** **9**

14. BIRTHPLACE (CITY OR TOWN) **unknown**
 (STATE OR COUNTRY) **1**

MOTHER

15. MAIDEN NAME **Jane Greene**

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

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

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Washington Park** DATE **3/19/38**

19. FUNERAL DIRECTOR **W. S. Wade Und. Co.,**
 (ADDRESS) **4202 Finney Ave.**

20. FILED **MAR 18 1938** **J. P. Rudolph**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 15**, 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 7**, 19**38**, to **March 15**, 19**38**

I last saw h. or alive on **March 15**, 19**38** Death is said to have occurred on the date stated above, at **9:10** m. **p.m.**

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

Carcinoma of pancreas

Date of onset
1/7/38

Other contributory causes of importance:

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 **W. S. Wade**, M. D.

(Signed) **W. S. Wade** (Address) **2601 N Whittier**

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.

