SEP 9 1938

REC'D SEP 20 1938

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

30002
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township — Primary Registration District No. 200 — Registered No. 1480
(c) City Pine Lawn — (d) Street No. 7112 Woodrow 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 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Grace Waugh Tacke 200
(a) Residence, No. 7112 Woodrow - Pine Lawn St.
(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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dave Tacke
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/26/88
7. AGE YEARS 50 MONTHS 2 DAYS 13 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. cosmetictian
9. Industry or business in which work was done, as saw mill, bank, etc. Proprietor beauty shop
10. Date deceased last worked at this occupation (month and year) July 1938
11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poag, Ill

FATHER
13. NAME Thomas R. Waugh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton, Ill

MOTHER
15. MAIDEN NAME Fredricka Behrendt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Dave Tacke 7112 Woodrow - Pine Lawn
18. BURIAL, CREMATION, OR REMOVAL PLACE Edwardsville, Ill DATE 9/11/38, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alexander and Sons 6175 Delmar Blvd
20. FILED SEP 9 1938 19 D R Meyer M D Dr Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9th, 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 1910, to Sept 9th, 1938
I last saw her alive on Sept 9th, 1938. Death is said to have occurred on the date stated above, at 9:15 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma breast with general metastasis | 1933 |

Other contributory causes of importance: 50 yrs

Name of operation Small tumor removed 5 yrs ago Date of 1933
What test confirmed diagnosis? ..... 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) Walter B. Gost, M. D.
(Address) 6635 Delmar

(Licensed Embalmer's Statement on Reverse Side)

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.

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Dr. Walter B. Yost
6635 Delmar
Parkview 1724
Hours 10-1 & 7-8

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Jos. E. McCullah, or by ——, Registered Apprentice No. ——, working under my personal supervision.

Signed Jos. E. McCullah

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar B

**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.)**

**If this body is not embalmed, above space should be left blank.**