

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.

1939 REC'D AUG 7 1939

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

Do not use this space.

1. PLACE OF DEATH  
 96 County St. Louis Registration District No. 784  
 Township \_\_\_\_\_ Primary Registration District No. 200  
 City Ballwin (No. Pine Crest Nursing Home) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Margaret Grieve  
 (a) Residence, No. 826 N. 8th St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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. (If nonresident, give city or town and State)

File No. 26740  
 Registered No. 1280

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alex Grieve

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16, 1860

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hra. or .....min.
<u>78</u>	<u>9</u>	<u>28</u>	

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

9. Industry or business in which work was done, as silk mill, 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) (STATE OR COUNTRY) St. Louis Missouri

13. NAME John Evans

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

15. MAIDEN NAME Martha ~~Evans~~ Unkn

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

17. INFORMANT Prudential Insurance Co. (ADDRESS) Records.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE July 17, 1938

19. UNDERTAKER Shepard Funeral Home (ADDRESS) 1167 Hamilton Avenue

20. FILED JUL 16 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1939 to July 14, 1939  
 I last saw her alive on July 14, 1939. 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 myocarditis  
Chronic bronchitis  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: Senility

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Physical 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 home  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) B. P. Loving, M. D.  
 (Address) Ballwin, Mo.

715

