. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19599

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5237

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Baptist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12 9 20

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3007a Elliott Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Baby Grasser

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years | Months | Days 0 | If less than one day hr. 4 hrs min.

9. Birthplace St. Louis, (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Earl Grasser
13. Birthplace St. Louis, (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Frances Roach
15. Birthplace St. Louis, (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Earl Grasser
(b) Address 3007a Elliott Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-42 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 N. Grand Blvd.

19. (a) JUN 17 1942 (Date received local registrar) J. F. Budeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16th year 1942 hour 1.30 minute P. M.

21. I hereby certify that I attended the deceased from June 16, 1942, to June 16, 1942 that I last saw her alive on June 16, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity - 5½ Mo.

Due to Cardiac failure.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Lloyd L Herd (M. D. or other)
Address 2739 N Grand Date signed 6/16/42

(Licensed Embalmer's Statement on Reverse Side)

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, or by Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed P. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Blvd

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, fact should be so stated above.