V. S. No. 2
50M—5-42
5-15-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11373

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 522

96
13
1

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 8467-Lackland Road (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 20 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. Louis

(c) City or town Overland (If outside city or town limits, write "RURAL")

(d) Street No. 8467-Lackland Road (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Grace Edmiston

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Wilbur L

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

7. Birth date of deceased Feb 2 (Month) 1879 (Day) (Year)

8. AGE: Years 64 Months 0 Days 27 If less than one day hr. min.

9. Birthplace Sparta (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Household

11. Industry or business

FATHER
12. Name Michael Stevenson
13. Birthplace (City, town, or county) Scotland (State or foreign country) 4

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Wilbur Edmiston

(b) Address 8467-Lackland Rd-Overland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Tilden, Illinois

18. (a) Signature of funeral director Baumann Bros Inc.

(b) Address 2504-Woodson Rd-Overland, Mo

19. (a) MAR 3 1943 (Date received local registrar) (b) E. G. McGarvan (Registrar's signature) MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 1 year 1943 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from 2-2-15, 1943 to 3-1-, 1943 that I last saw her alive on 2-28-, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left ovary

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 49a
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

23. Signature G. J. Fuchs (M. D. or other)

Address 608 Kingsland Date signed 3-1-43

(Licensed Embalmer's Statement on Reverse Side)

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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, or by.....

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

working under my personal supervision.

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo

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.