V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 1 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32561

Registrar's No. 9134

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 hrs. 20 minutes (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17 (Ow)

(c) City or town St. Louis, 21
(If outside city or town limits, write "RURAL")

(d) Street No. 2245a Dickson
(If rural, give location)

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

3. (a) PRINT FULL NAME Hattie McGruder

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex 3 Female

5. Color or race Col

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

6. (b) Name of husband or wife Lee McGruder

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Aug (Month) 12 (Day) 1892 (Year)

8. AGE: Years 52 Months 2 Days 10 If less than one day hr. min.

9. Birthplace Smeades (City, town, or county) 1 Miss (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name ? Thomas
13. Birthplace Unknown (City, town, or county) ? (State or foreign country)

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

16. (a) Informant Lee McGruder
(b) Address 2218 R. Franklin Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-28-44 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St.

19. (a) OCT 23 1944 (Date received local registrar) (b) J. F. Bresek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22, year 1944 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from October 21, 1944, to October 22, 1944 that I last saw her alive on October 22, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Prob. Acute yellow atrophy of liver.	Unk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 W. B. Christian (M. D. or other)
Address 260 Whittier Date signed 10/23/44

(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~~ .....

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

working under my personal supervision.

Signed Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address St Louis 23 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.