

FILED DEC 7 1944

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2439

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:
2438-Woodson 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 9-months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 2438-Woodson Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Mary Grace Hyde

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 M
6. (b) Name of husband or wife Rev. William J. | 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb-8-1864
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 21 If less than one day hr. _____ min. _____

9. Birthplace Belleville-Ontario Canada
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Richard Grills
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Clara A. Walther
(b) Address 2438-Woodson Rd-Overland
17. (a) Burial (b) Date thereof Dec. 2-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mount Lebanon Cem.

18. (a) Signature of funeral director Blumstein Bros. Inc.
(b) Address 2504-Woodson Rd-Overland

19. (a) DEC 4 1944 (b) E. H. Mollauran M.D.
(Date received local registrar) (Registrar's signature) CPM

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 30
year 1944 hour 7 minute 25 A.M.

21. I hereby certify that I attended the deceased from July 29, 1944, to Nov. 30, 1944
that I last saw her alive on Nov-30-44, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cornary Occlusion
Due to Arteriosclerosis
Due to _____

Duration

1 Day

Other conditions Arthritis Chronic
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy None

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) no
(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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

Signature Roy E. Hallett M.D. (M. D. or other) _____
Address 2438 Woodson Rd. Date signed 12-1-44

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

16
13
11

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 W. G. Peterson

Licensed Embalmer No. 3767

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.