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OM—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1945

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4910

Registrar's No. 1398

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:
4415 Marcus Ave.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4415 Marcus Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Grace G. Trail

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Reuben G. Trail

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

7. Birth date of deceased October 4, 1884.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	4	7	hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Ross Crawford
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elvira Reid
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant R. G. Trail
(b) Address 366 Suburban Ave. Ferguson Mo.

17. (a) Cremation (b) Date thereof Feb. 15, 1945.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
(b) Address 4828 Natural Bridge Blvd.

19. (a) FEB 13 1945 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month February day 11th
year 1945 hour 8:08 pm minute — M.

21. I hereby certify that I attended the deceased from January 26th, 1945, to Feb. 11th, 1945;
that I last saw her alive on Feb. 11th, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Duration Twelve

Due to Bronchial Asthma
also
Due to Arterial Sclerosis

For Past Year

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 Alfred Theo. Vogler (M. D. or others)
Address 4244 W. Florissant av. Date signed 2/11/45

(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 John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis 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.