

S. No. 2  
DM-2-43  
v. 5-17-39  
X35697

11505

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 1945

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 360-1

Registration District No. 318 Primary Registration District No. 1003

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:  
CARRIE ELLIGSON GIETNER HOME  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 2 YRS 5  
In this community. ALL HER LIFE  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State. MO (b) County. ST. LOUIS 46  
(c) City or town. MAPLE WOOD 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7220 SARAH NR.  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GRACE JOSEPHINE LYNN  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH, Month Apr. 23 day \_\_\_\_\_  
year 1945 hour 5 minute 45 AM  
21. I hereby certify that I attended the deceased from Jan 26 1943 to Apr. 23 1945  
that I last saw her alive on Apr. 22 1945  
and that death occurred on the date and hour stated above.

4. Sex F / race W  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death  
Paralysis Agitans  
Duration 11 years

7. Birth date of deceased JAN 3 1892  
(Month) (Day) (Year)

Due to Cerebral Oedema following Encephalitis Lethargica 20 yrs

8. AGE: Years 53 Months 3 Days 20 If less than one day hr. min.  
9. Birthplace. ST LOUIS MO  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Other conditions (Includes pregnancy within 3 months of death) 30%

10. Usual occupation UNEMPLOYED  
11. Industry or business \_\_\_\_\_  
12. Name. AMBROSE OBERLY LYNN  
13. Birthplace. BETHLEHEM PENN  
(City, town, or county) (State or foreign country)  
14. Maiden name: LUCIE HAWKINS  
15. Birthplace. MEMPHIS TENN  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant. Ida Lynn Williams  
(b) Address. 223 E. Bond Rd - Webster  
17. (a) BURIAL (b) Date thereof APRIL 25 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation. Memorial Park Cemetery

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?  
While at work \_\_\_\_\_ (Specify type of place) (b) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director. Parker and Co  
(b) Address. Webster, Mo  
19. (a) APR 23 1945 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

23. Signature L. C. Hirschman (M. D. or other) \_\_\_\_\_  
Address 5000 S. Broadway Date signed 4/23/45

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

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 *Leslie Welch*.....

Licensed Embalmer No. *4395*.....

P. O. Address *Webster Groves*.....

**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.**