V. S. No. 2
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ev. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29049

FILED SEP 28 1945

Registration District No. [illegible]

Primary Registration District No. 1003

Registrar's No. 8151

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: City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3yr. 7mo. 6ds. (Specify whether years, months or days)

In this community 78 yrs.

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. 4950a Lindenwood Pl.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME CATHERINE GRACE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec. (Month) 19 (Day) 1866 (Year)

8. AGE: Years 78 | Months 9 | Days 0 | If less than one day hr. min.

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

10. Usual occupation nil

11. Industry or business

FATHER
12. Name Micheal Grace
13. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Catherine Lawler
15. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

16. (a) Informant Thelma A. Singler
(b) Address 5400 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 22 45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser
(b) Address 4228 So. Kingshighway

19. (a) SEP 19 1945 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19 year 1945 hour 5.40 minute A M.

21. I hereby certify that I attended the deceased from Feb. 13, 1943 to Sept. 19, 1945 that I last saw her alive on Sept. 19, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Chronic Myocarditis	1942 x
Due to Senility	
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 A. K. Bunch, D (M. D. or other)

Address 5400 Arsenal Date signed 9/19/45

(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 Edwin D Mc Dermot

Licensed Embalmer No. 3024

P. O. Address.....

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.