

FILED MAR 31 1947
318

1003

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 2925 Easton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community since 1922 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 21000
(c) City or town St. Louis, Mo. 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2925 Easton Ave. 7
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gracie Caine

3. (b) If veteran, name war _____ 3. (c) Social Security No. UNKNOWN

4. Sex female 5. Color or race colored 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: abt 45 Years Months Days If less than one day hr. min.

9. Birthplace Birmingham Ala. (City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Harold Caine
(b) Address 2917 Washington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 26, 47
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood, St. Louis

18. (a) Signature of funeral director Wm. D. ...

(b) Address 1721 Coteman St. 6, St. L.

19. (a) MAR 24 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 21 year 1947 hour 9 minute 30 AM.

21. I hereby certify that I attended the deceased from 21 1947, to MARCH 21 1947, that I last saw her alive on MARCH 21 1947, and that death occurred on the date and hour stated above.

Immediate cause of death CONGESTIVE CARDIAC FAILURE
Due to HYPERTENSIVE HEART DISEASE

Due to _____
Other conditions (include pregnancy within 3 months of death) 9/21

Major findings: Of operations _____
Of autopsy _____

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) (e) Means of injury 0

23. Signature Clara H. Reese (M. D. or other) Address 2190 N. Jefferson Ave Date signed 3/23/47

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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..... *Wm Bennett*

Licensed Embalmer No..... *4371*

P. O. Address..... *St. Louis 6, 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.