

S. No. 2  
1-12-45  
7. 5-17-39  
I X47070

**FILED MAY 29 1947**

**1003**

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

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:  
**Missouri Baptist Hoosp.**  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

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

(d) Street No. **5947A Page Blvd.**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **William Robert Grace.**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **?**

4. Sex **Male**

5. Color or race **White**

6. (e) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **Emma Grace**

6. (c) Age of husband or wife if alive **49** years

7. Birth date of deceased **April 15, 1896.**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **14**  
year **1947** hour **4.00** minute **P.M.** M.

21. I hereby certify that I attended the deceased from **May 1, 1947** to **May 14, 1947**  
that I last saw him **live on May 14, 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **M. ordo Pneumonia** Duration **3 wks.**

8. AGE: Years Months Days If less than one day

**51** **0** **29** hr. min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **107**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy **no**

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

MOTHER FATHER

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

10. Usual occupation **Pipe Fitter**

11. Industry or business \_\_\_\_\_

12. Name **Harry V. Grace**

13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary O'Hearn**

15. Birthplace **St. Louis, Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Emma Grace**

(b) Address **5947A Page Blvd.**

17. (a) **Burial** (b) Date thereof **May 17/47.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cem.,**

18. (a) Signature of funeral director **Jos. W. Clark**

(b) Address **1125 Hodiament Ave.,**

19. (a) **MAY 16 1947** (b) **J. J. [Signature]**  
(Date received local registrar) (Registrar's signature)

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

23. Signature **J. J. [Signature]** (M. D. or other) **M. D.**  
Address **4903 [Signature]** Date signed **5/15/47**

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

DR. T.H.Hale

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**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 Alfred J. Boedecker  
Licensed Embalmer No. 2663

P. O. Address 1125 Hodiament Ave.,

**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.**