S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25896

FILED AUG 4 1947

Registration District No. 918

Primary Registration District No. 1003

Registrar's No. 7016

WRITE PLAINLY—USING 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: St. Louis City Hospital
(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 Mo. (b) County %

(c) City or town Affton 0
(If outside city or town limits, write "RURAL")

(d) Street No. 8629 Brinker Ave. 0
(If rural, give location)

N.R.

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME GRACE L. NUTTER

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Late Ernest

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

7. Birth date of deceased Jan. (Month) 12 (Day) 1872 (Year)

8. AGE: Years 75 Months 6 Days 14 If less than one day hr. min.

9. Birthplace Worchester (City, town, or county) Mass. (State or foreign country) 1

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Putman Higgins
13. Birthplace Worchester (City, town, or county) Mass. (State or foreign country) 1

MOTHER
14. Maiden name Mary Unknown
15. Birthplace Worchester (City, town, or county) Mass. (State or foreign country) 1

16. (a) Informant Mildred Cook
(b) Address 8629 Brinker Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 29 47 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

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

19. (a) 1111 7 21 0 47 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1947 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from May 16, 1947 to July 26, 1947
that I last saw her alive on July 26, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebro-Vascular accident	4 days
Due to Generalized Arteriosclerosis	years
Due to Myocarditis, Chronic	years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 0

23. Signature [signature] (M. D. or other) Ind

Address 3720 Washington Date signed 7/26/47

Jefferson City Printing Co.

(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.....William B. White.....

Licensed Embalmer No.....4291.....

P. O. Address.....4220 S. Kingshighway.....

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.