No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 23 1947
Registration District No. 37

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29902
Primary Registration District No. 6076
Registrar's No. 1830

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town ~~St. Louis~~, Missouri Olivette
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9466 Engle Lane
(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 96
(c) City or town Olivette
(If outside city or town limits, write "RURAL")
(d) Street No. 9466 Engle Lane
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Nora Viola Grashoff
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Walter Grashoff
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased February (Month) 27 (Day) 1901 (Year)

8. AGE:

Years	Months	Days	If less than one day
46	5	26	hr. min.

9. Birthplace Salem (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home
FATHER
12. Name Unknown Parker
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
MOTHER
14. Maiden name Mary Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant Walter Grashoff
(b) Address 9466 Engle Lane
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/47 (Month) (Day) (Year)
(c) Place: burial or cremation Salem, Missouri
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd
19. (a) 8-25-47 (Date received local registrar) (b) Carl A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23 year 1947 hour 7 minute 10 P. M.
21. I hereby certify that I attended the deceased from 31 Dec 1946 to present 19..., that I last saw her alive on 22 Aug 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Cervix Uteri	1 yr
Due to	
480	
Due to	
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 —
23. Signature Carl T Wasbury MD (M. D. or other)
Address St. Louis Mat. Hosp. Date signed 8/25/47

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

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 John S. Dennehy

Licensed Embalmer No. 4194

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.