

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **5708**, **Easton Ave.**)

File No. **42956**

Registered No. **42229**

St. .... Ward

**2. FULL NAME**

(a) Residence. No. **5708 Easton Ave. St. 6** Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**2 MEDICAL CERTIFICATE OF DEATH**

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

**Female White Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

**Armas Grubb**

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

**Dec 15, 1859**

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**69**

**11**

**29**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

**Housewife**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

**Pittsburg**

(STATE OR COUNTRY)

**Pa.**

10. NAME OF FATHER

**Don't know**

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

**Don't know**

12. MAIDEN NAME OF MOTHER

**Don't know**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

**Don't know**

14.

INFORMANT

**Mrs Myrtle Anderson**

(Address)

**5708 Easton Ave.**

15.

DEC 15 1928

FILED

**Max C Standley**

REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR)

**Dec 14 1928**

17.

I HEREBY CERTIFY, That I attended deceased from

**Dec 2, 1928, to Dec 14, 1928**

that I last saw h. Pr. alive on **Dec 14, 1928**, and that death occurred, on the date stated above, at **10:45 a.m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**aortic stenosis**

**92A 90 W**  
**97 12**  
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

**arterio-sclerosis**

(duration) **7** yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

**0** DID AN OPERATION PRECEDE DEATH? **no** DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **none**

(Signed) **R. H. Nale**, M. D.

, 19 (Address) **Rowland Bldg**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

**Cleveland Ohio**

**12-16 1928**

20. UNDERTAKER

ADDRESS

**Geo. L. Pleitsch**

**5966 Easton Ave**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

4901 a. *Delphinium*

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**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County.....  
Township.....  
City *St. Louis* (No.....)

Registration District No. *991*  
Primary Registration District No. *1003*

File No. *42956*  
Registered No. *12229*  
St. .... Ward.....

**2. FULL NAME**

*Eva Grubb*

(a) Residence. No..... St. .... Ward.....  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *W* (write the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec 14 1928*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

17. I HEREBY CERTIFY That I attended deceased from .....  
....., 19.....  
that I last saw h..... alive on....., 19....., and that  
death occurred, on the date stated above, at..... m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec 15-1859*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*68*

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work..... (duration)..... yrs. .... mos. .... ds.  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

CONTRIBUTORY.....  
(SECONDARY)..... (duration)..... yrs. .... mos. .... ds.

9. BIRTHPLACE (CITY OR TOWN).....  
(STATE OR COUNTRY).....

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....  
(STATE OR COUNTRY).....

WAS THERE AN AUTOPSY?.....

12. MAIDEN NAME OF MOTHER

WHAT TEST CONFIRMED DIAGNOSIS?.....

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....  
(STATE OR COUNTRY).....

(Signed)....., M. D.

, 19 (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT (Address).....

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

19

15. FILED FEB 11 1929 *Wm C Parkly* REGISTRAR

20. UNDERTAKER ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

**SUPPLEMENTARY**

5,429,516