

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

Do not use this space.

14475

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003 File No. 3820  
 City St. Louis (No. #4616 Russell Blvd St. 3820 Ward)

**2. FULL NAME**

Amya L. DeGrates  
 (a) Residence. No. Purdin, Mo. St., 19 Ward.  
 (Usual place of abode)  
 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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James DeGrates  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 2, 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>69</u>	<u>4</u>	<u>13</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work at home  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Linnell, Mo.  
 (STATE OR COUNTRY)

10. NAME OF FATHER James Beckett  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Mildred Trumbo  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.  
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Bell Crossen  
 (Address) #4616 Russell Blvd

15. FILED APR 16 1930 May C. Tucker REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 15, 1930  
 17. I HEREBY CERTIFY, That I attended deceased from April 15, 1930 to April 15, 1930 that I last saw h. alive on April 15, 1930, and that death occurred, on the date stated above, at 9:50 a.m.

18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Myocardia  
a crite nephritis  
cause unknown  
 (duration) yrs. mos. ds. 2

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

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

DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? NO  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Henry Jacobsen M.D.  
 (Address) 1310 Chestnut, Bldg 10

\*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 Oak Grove Cem DATE OF BURIAL 4/17 1930

20. UNDERTAKER C. R. Kepton ADDRESS 4449 Olive Street

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

