must be O.K'd by City Coroner due to sudden death

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

Do not use this space.

46363

1. PLACE OF DEATH JAN 10 1937

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 12149

City St. Louis, Mo. (No. 5203a Theodosia Ave., St. ..... Ward)

2. FULL NAME Hannah DeGrande

(a) Residence, No. 5203a Theodosia Ave. St., 6 Ward. (If nonresident, give city or town and State)
(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.

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 Louis DeGrande

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6, 1865.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
71	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mobile, Alabama

FATHER

13. NAME Louis Boothe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Mary McLaughlin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Louis DeGrande 5203a Theodosia Ave.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem., DATE Dec. 12/36.

19. UNDERTAKER (ADDRESS) Jos. W. Clark 1125 Hodiamont Ave.,

20. FILED DEC 11 1936 J. Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9/36. 19

22. I HEREBY CERTIFY, That I attended deceased from Apr. 6, 1931 to Aug. 10, 1936

I last saw her alive on Aug. 10, 1936 Death is said to have occurred on the date stated above, at 6.45P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. generalized arteriosclerosis	1931
Chr. myocarditis.	
Chr. hypertension	
Cerebral arteriosclerosis.	
Senile dementia all these years.	

936

Other contributory causes of importance:
Coronary atheromatous, gradual Occlusion. Atresia. Thrombosis, sudden death. Senility

Name of operation -- None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Tate B. Turner, M. D.
(Address) 3718 Jennings Rd.

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.

Dr. L.B.Tiernon
3718 Jennings Road.