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.

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 File No. 10020

Township ..... Primary Registration District No. 1003 Registered No. 2581

City St. Louis, Mo. (No. Deaconess Hospital St. ..... Ward)

2. FULL NAME Lizzie A. Grigsby,

(a) Residence, No. 305 Randolph Str. Ferguson Ward. Mo - NR
(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

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 Late William Grigsby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6th, 1871

7. AGE: Years 66 Months 1 Days 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
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) Iowa

FATHER

13. NAME Jacob Murray
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.

MOTHER

15. MAIDEN NAME Nancy Jane Hoyt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.

17. INFORMANT (ADDRESS) Mrs. Margartet Light Ferguson, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cheyenne Cty DATE March 8, 1937

19. UNDERTAKER (ADDRESS) Hy Leidner Und. Co 1417 N. Market St

20. FILED MAR 5 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1937, to March 4, 1937
I last saw her alive on March 4, 1937 Death is said to have occurred on the date stated above, at 7:45 PM
The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Embolism
duration - 2 hours
HCP.

Other contributory causes of importance:

Carcinoma of Rectum
duration - 2 years

Name of operation Resection of Rectum Colostomy Date of 2/23/37
What test confirmed diagnosis? Was there an autopsy? no
Pathological findings

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) A. L. Hertel, M.D.
(Address) 3606 Gravois Ave

Dr. Hertel
3606. Granville