JAN 10 1938

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

7812
1003

43911
Do not use this space.

Registered No. 12161

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. .....

(c) City St. Louis (d) Street No. 1817 Kennett Place St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME Charlotte Ann Grounds

(a) Residence, No. 1817 Kennett Place St. 23
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Femahe	White	Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 22, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
0	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as 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) St. Louis
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Charles Grounds

14. BIRTHPLACE (CITY OR TOWN) Marquand
(STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Pauline Grounds

16. BIRTHPLACE (CITY OR TOWN) Ester
(STATE OR COUNTRY) Missouri

17. INFORMANT Pauline Grounds
(ADDRESS) 1817 Kennett Place

18. BURIAL, CREMATION, OR REMOVAL
PLACE Farmington, Mo. DATE Jan. 11, 1938

19. FUNERAL DIRECTOR C. H. McLaughlin
(ADDRESS) 2301 Lafayette Ave

20. FILED DEC 31 1937 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30, 1937 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ..... 8-35 19..... Death is said to have occurred on the date stated above, at ..... A.M.

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

Date of onset

Bronchopneumonia primary

Other contributory causes of importance:

10 hr

Name of operation ..... Date of ..... No

What test confirmed diagnosis? ..... 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 See above

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed) Joseph M. Ellis, M.D.

(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

WHEN FILLED, WITH STRAIGHT INK, THIS IS A PERMANENT RECORD

1 X12004

STATEMENT BY LICENSED EMBALMER

I, L. R. Cooper, Licensed Embalmer No. 3633

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 3633 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed L. R. Cooper

Licensed Embalmer No. 3633

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.)