

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

12608  
Do not use this space.  
3212

MAY 10 1938

1. PLACE OF DEATH  
 (a) County St Louis Registration District No. 1003  
 (b) Township Missouri Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
 (c) City Missouri (d) Street No. 4611 Delmar Blvd 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME Eliza J Grote 670  
 (a) Residence, No. 4611 Delmar Blvd St. 12 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-28-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
84 8 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. House wife  
 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) St Louis Mo

FATHER 13. NAME Joel F Allison  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Eliza Mullinger  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDIA

17. INFORMANT (ADDRESS) Fannie Grote  
4611 Delmar Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE 4/7 38

19. FUNERAL DIRECTOR (ADDRESS) SULLIVAN  
2849 N. Euclid Ave  
J. F. Bredeur

20. FILED APR 5 1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 4 1938

22. I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 6:20 p.m.

The principal cause of death and related causes of importance were as follows:  
Coronary Thrombosis Date of onset \_\_\_\_\_  
Arterio Sclerosis  
Fracture of the right  
Tibia and dislocation  
of the knee joint, suffering  
 Other contributory causes of importance: \_\_\_\_\_  
when she fell down  
the stairs at her home  
4611 Delmar on March 31, 1938  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 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 Accidental Date of injury 3/31 1938  
 Where did injury occur? St Louis Mo  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury \_\_\_\_\_  
 Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) Chas. Perry M.D.  
 (Address) St Louis Mo

STATEMENT BY LICENSED EMBALMER

I, Ernest H Sullivan, Licensed Embalmer No. 2930

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Ernest H Sullivan  
Licensed Embalmer No. 2930

**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.)**