

REC'D MAY 10 1938

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

13085
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791
 (b) Township..... Primary Registration District No. 1003 Registered No. 3689
 (c) City St Louis Mo. (d) Street No. 619 A N Leffingwell Ave. 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

Madison Gracy 620
 (a) Residence, No. 619 A N. Leffingwell Ave St. 21 (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 Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-10-1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 7 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc. Mangus Metal Co.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. 3 Yrs

12. BIRTHPLACE (CITY OR TOWN) Tulla (STATE OR COUNTRY) La.

FATHER 13. NAME Allen Gracy
 14. BIRTHPLACE (CITY OR TOWN) La. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Lesie Jones
 16. BIRTHPLACE (CITY OR TOWN) Tulla (STATE OR COUNTRY) La.

17. INFORMANT Luvenia Gracy (ADDRESS) 619 A N. Leffingwell Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dixon DATE 4-21-38 19.

19. FUNERAL DIRECTOR Ellis Funeral Home (ADDRESS) 2820 Stoddard St.

20. APR 20 1938 19. J. F. Bredel Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17th, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-11-1938 to 4-16-1938, 1938
 I last saw him alive on 4-16-1938. Death is said to have occurred on the date stated above, at 6/10 A.M.
 The principal cause of death and related causes of importance were as follows:

Branchial Bronchitis Date of onset 4-11-
W
107
 Other contributory causes of importance: none

Name of operation Date of
 What test confirmed diagnosis? Physian 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? no
 If so, specify Q.F. Insured, M. D.
 (Signed) Q.F. Insured
 (Address) 2746 9 Frank's Lake Ave.

STATEMENT BY LICENSED EMBALMER

I, Lonnie Boykins, Licensed Embalmer No. 2946

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

myself

L. E.

No. _____ or by _____

Registered Apprentice No. _____

working under my personal supervision.

Signed

Lonnie Boykins

Licensed Embalmer No. 2946

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.)