

REC'D AUG 11 1939

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

24096

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
 (b) Township _____ Primary Registration District No. 1003 Registered No. 6369
 (c) City St. Louis (d) Street No. 1418 North Garrison 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

623 Miss Grace Proctor
 (a) Residence, No. 1418 North Garrison 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 18 1895
 7. AGE YEARS 43 MONTHS 10 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
 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) (STATE OR COUNTRY) Independence Kansas

FATHER 13. NAME William Proctor
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tennessee

MOTHER 15. MAIDEN NAME Myra Harris
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana

17. INFORMANT (ADDRESS) Rosie Kincaid18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE July 20 193919. FUNERAL DIRECTOR (ADDRESS) Burd Bros. 3704 Thimney20. FILED JUL 19 1939 19 J. D. B. Baker Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 193922. I HEREBY CERTIFY, That I attended deceased from July 13 1939 to July 15 1939

I last saw her alive on July 15 1939. Death is said to have occurred on the date stated above, at 2:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Heart Stroke

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? _____

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) W. A. Young, M. D.(Address) 2516 Olive St.

STATEMENT BY LICENSED EMBALMER

I, Alex C Campbell, Licensed Embalmer No. 3881 (City 17)
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Raymond P. Hehrke
L. E. 3985 (City #180)
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed Alex C Campbell
Licensed Embalmer No. 3881 (City #179)

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.)