

Registration District No. 7911

Primary Registration District No. \_\_\_\_\_

Registrar's No. 9342

## 1. PLACE OF DEATH:

- (a) County \_\_\_\_\_
- (b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution 10-16-40 to 11-11-40  
(Specify whether \_\_\_\_\_)
- In this community \_\_\_\_\_  
years, months or days

8. (a) PRINT FULL NAME Grace Elizabeth Haggard3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
3. (d) Social Security No. None4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Wilson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased June 10 1868  
(Month) (Day) (Year)8. AGE: Years 72 Months 5 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Ohio  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name George Granger13. Birthplace Ohio  
(City, town, or county) (State or foreign country)14. Maiden name Margaret Schafer15. Birthplace Unknown  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Clea Alley(b) Address 1424 N. Taylor17. (a) Removal (b) Date thereof 11/13/40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Licking Mo.18. (a) Signature of funeral director Albert H. Hoppe(b) Address 4700 Washington Ave.19. (a) NOV 13 1940 (b) J. P. Brudick  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County \_\_\_\_\_
- (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")
- (d) Street No. 1424 North Taylor  
(If rural, give location)
- (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11  
year 40 hour 5 minute 20 P.M.21. I hereby certify that I attended the deceased from 10-18  
\_\_\_\_\_, 1940, to 11-11, 1940that I last saw her alive on 11-11, 1940

and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Duration \_\_\_\_\_  
pneumonia.Due to Generalized arteriosclerosis & degenerative heart disease -Due to Diabetes mellitusOther conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_
- (b) Date of occurrence \_\_\_\_\_
- (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. P. Brudick (M. D. or other) \_\_\_\_\_  
Address BARNES HOSPITAL Date signed 11/14/40

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*G. W. Wilkinson*

Licensed Embalmer No.....

3575

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**