

S. No. 2
M-5-43
5-17-39
D I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18151

FILED MAY 17 1946
318

State File No. _____
Registrar's No. 4120

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2934 Arlington Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

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. 2934 Arlington Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Grace Bales
(b) If veteran, name war _____ (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 5
year 1946 hour 10 minute 26a M.
21. I hereby certify that I attended the deceased from 4-6-46
5-6-46 1946, to 5-6-46 1946
that I last saw her alive on 5-5-46 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William A. Bales 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Oct. 5, 1911
(Month) (Day) (Year)

Immediate cause of death Rheumatic Heart Disease
Duration Not known

8. AGE: Years Months Days If less than one day
34 7 0 hr. min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Savannah Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Bowles

13. Birthplace Litchfield Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Susie Garrett

15. Birthplace Savannah Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William A. Bales

(b) Address 2934 Arlington Ave

17. (a) Burial (b) Date thereof 5/8/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial/cremation Valhalla Cemetery

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) May 8 1946 (b) J. F. Bredbeck
(City received local Registrar) (Registrar's signature)

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 0
Signature A Conrad Muller (M. D. or other) Mr. D
Address 819 Union Club Bldg Date signed 5-6-46

PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *Elmo R. Padwell*

Licensed Embalmer No. 4077

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, fact should be so stated above.