No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1948

Registration District No. 319

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6079

State File No. 31676

Registrar's No. 59

1. PLACE OF DEATH:

(a) County STE GENEVIEVE

(b) City or town STE GENEVIEVE RURAL T.S
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)

In this community LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE GENEVIEVE 95 D

(c) City or town RURAL D
(If outside city or town limits, write "RURAL")

(d) Street No. ____ D
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ~~NO~~

3. (a) PRINT FULL NAME MARY GRASS

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife FRANK A. GRASS

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased MAY (Month) 10 (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
63	4	20	____ hr. ____ min.

9. Birthplace STE GENEVIEVE (City, town, or county) Co MO (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business ____

FATHER
12. Name BERNARD BAHR
13. Birthplace ____ (City, town, or county) ____ (State or foreign country)

MOTHER
14. Maiden name CAROLINE SCHWEGERT
15. Birthplace STE GENEVIEVE (City, town, or county) Co MO (State or foreign country)

16. (a) Informant Joseph Grimminger
(b) Address Ste Genevieve Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT 3 1948 (Month) (Day) (Year)
(c) Place: burial or cremation STE GENEVIEVE MO

18. (a) Signature of funeral director Leo C. Baker
(b) Address Ste Genevieve Mo

19. (a) 10-4-48 (Date received local registrar) (b) Verna M. Karl Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 30 year 1948 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 1946 to Sept 30 1948 that I last saw her alive on Sept 29 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Cardiac Dilatation	
Due to Carcinoma of Lung - Hydrothorax	6 months
Due to Carcinoma of Lung	2 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations HPD
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) NO

(b) Date of occurrence NO

(c) Where did injury occur? NO (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? NO
While at work NO (Specify type of place) (e) Means of injury None

23. Signature [illegible] (M. D. or other) MD
Address Ste Genevieve Mo Date signed Oct 2 48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4

Number 1048-1249

Filed 10-6-48

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 Leo C. Barber

Licensed Embalmer No. 1985

P. O. Address Ste. Genevieve Mo.

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.