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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 23 1948
Registration District No. 317

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34989
Registrar's No. 2000

Primary Registration District No. 3068

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(c) Name of hospital or institution St. Mary's Hospital
(d) Length of stay: In hospital or institution 1-month
In this community years, months or days

3. (a) PRINT FULL NAME Grace Alice St. John
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced M. 1
6. (b) Name of husband or wife Edward J. St. John 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Sept. 30th., 1893
(Month) (Day) (Year)

8. AGE: Years 55 Months 0 Days 9
If less than one day hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name John Smith
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name Alice Holbert
15. Birthplace Ky. (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Edward J. St. John
(b) Address 1104 North Drive

17. (a) Burial (b) Date thereof 10-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Thomas J. Bonnell
(b) Address 3840 Lindell Blvd.

19. (a) 10-11-48 (b) Cecil J. Hays
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Warson Woods Village
(d) Street No. 1104 North Drive
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. 9th., 1948
year 1948 hour 6 minute 10 p.m.
21. I hereby certify that I attended the deceased from January 1947 to October 10, 1948
that I last saw her alive on October 10, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Generalized Carcinomatosis 22 mo.
Due to Carcinoma left Breast. 2 yrs.
Due to 50
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations None
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)
(c) Means of injury
23. Signature Thomas J. St. John (M. D. or other) M.D.
Address Metropolitan Bldg. Date signed 10/11/48

St. Louis Mo.

1-15-91
41091

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 W.H. VanMatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.