S. No. 300
v. 10.48

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

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2520

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 628

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS,
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DEPAUL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS,
d. STREET ADDRESS (If rural, give location): 3524 HARRIS AVE

3. NAME OF DECEASED (Type or Print)
a. (First): FLORENCE
b. (Middle):
c. (Last): GRACE

4. DATE OF DEATH (Month) (Day) (Year): 1/19/50

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: AUG 11, 1897
9. AGE (In years last birthday): 52
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ST, LOUIS, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: GEORGE LEWIS
13b. MOTHER'S MAIDEN NAME: AMELIA LACEY
14. NAME OF HUSBAND OR WIFE: THOMAS L. GRACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO. # 490-22-2645
17. INFORMANT'S SIGNATURE OR NAME: THOMAS L. GRACE
ADDRESS: 3524 HARRIS AVE

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL Haemorhage — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Thrombo phlebitis — 3 weeks
DUE TO (c) Hydronephrosis — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12-15-49
19b. MAJOR FINDINGS OF OPERATION: Hydronephrosis
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Mo. X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 9, 1948, *to* Jan 19, 1950, *that I last saw the deceased alive on* Jan 18, 1950, *and that death occurred at* 4.30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: T. H. Kramolowsky (Degree or title) M.D.
23b. ADDRESS: 986 Arcade Bldg.
23c. DATE SIGNED: 1/20/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1/21/50
24c. NAME OF CEMETERY OR CREMATORY: CALVARY CEMETERY
24d. LOCATION (City, town, or county) (State): ST. LOUIS, MISSOURI

DATE REC'D BY LOCAL REG.: JAN 20 1950
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: STROOT - CARROLL 4600 NATURAL BRIDGE

(Licensed Embalmer's Statement on Reverse Side)

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 ..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Bert H. Hoffman

Licensed Embalmer No. 4366

P. O. Address St. Louis 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.