

STANDARD CERTIFICATE OF DEATH

31326

State File No. ....

FILED SEP 22 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8021**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **MISSOURI** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS** **2199**

d. FULL NAME OF HOSPITAL OR INSTITUTION **LUTHERAN HOSPITAL**

d. STREET ADDRESS (If rural, give location) **19 3853 LINDELL BLVD**

3. NAME OF DECEASED  
a. (First) **GRACE** b. (Middle) \_\_\_\_\_ c. (Last) **BOOTH**

4. DATE OF DEATH (Month) (Day) (Year) **9-8-51**

5. SEX **FEMALE**

6. COLOR OR RACE **WHITE**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **SINGLE**

8. DATE OF BIRTH **Nov 29, 1889** 9. AGE (In years last birthday) **61** 10. IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ 11. IF UNDER 1 HR. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **BOOK KEEPER**

10b. KIND OF BUSINESS OR INDUSTRY **SHOE**

11. BIRTHPLACE (State or foreign country) **ST. LOUIS MO**

12. CITIZEN OF WHAT COUNTRY? \_\_\_\_\_

13a. FATHER'S NAME **JOHN W. BOOTH**

13b. MOTHER'S MAIDEN NAME **SOPHIA VAN DINE**

14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. **493-09-3185**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Miss Bertha Cripp Joplin Mo.**

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) **Coronary Occlusion**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Coronary Artery Disease**  
DUE TO (c) **Arterio Sclerotic Myocarditis**  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
**1 day**  
**6 PM**  
**7**

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  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) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **H2O**

22. I hereby certify that I attended the deceased from **2-4, 1947** to **9-8, 1951**, that I last saw the deceased alive on **9/8, 1951**, and that death occurred at **12:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Deacon or title) **C. N. Duvallet M.D.**

23b. ADDRESS **5203 Chippewa**

23c. DATE SIGNED **9/10/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL**

24b. DATE **49-10-51**

24c. NAME OF CEMETERY OR CREMATORY \_\_\_\_\_

24d. LOCATION (City, town, or county) (State) **Joplin Mo**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **SEP 10 1951 Carl Smith M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **A. Kow L & Co 2707 W. Grand**

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

FEB 6 1953

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

*Gustavo W. Dutuk*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4329*

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.