# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

11606

File No.

Registered No. 2822

**1. PLACE OF DEATH**

County ..... Registration District No. 1179

Township ..... Primary Registration District No. 10

City St Louis (No. St. Johns Hosp St. Ward)

**2. FULL NAME** Grace Alma Danieley

(a) Residence. No. 4252 W Pine St., 19 Ward

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Female | White | Widowed |

5A. IF MARRIED, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF Leo Danieley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 7 1889

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 42 | 1 | 23 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Doe Run

(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER John F. Sigmon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) N. Carolina

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Martha J. Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Illinois

14. INFORMANT Mr Cecil Sigmon

(Address) 4400 Dolcot St

15. FILED ..... 19 ..... REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 2 1931

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Simple [illegible]

[illegible] Meningitis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Cause Heart Failure

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED [illegible]

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? ..... DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. W. Kerner M. D.

3/4, 1931 (Address) Dep. Cor

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL |
|---|---|
| Valhalla Crematory | 3-4 1931 |
| 20. UNDERTAKER | ADDRESS |
| Geo. L. Pleitsch | 5966 Easton ave |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.