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

Do not use this space.

38269

1934

1. PLACE OF DEATH
County St Louis — Registration District No. 91
Township — Primary Registration District No. 13
City St. Louis Mo. (No. BARNES HOSPITAL St. Ward)

File No. 9912
Registered No.

2. FULL NAME Grace, Maggie McBride

(a) Residence, No. Flat St., V Ward. Flat River Mo.
(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	married

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF Bert McBride

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2-1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	49	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doe Run Mo.

FATHER

13. NAME Georg Waller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un Known

MOTHER

15. MAIDEN NAME Fanie Horton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un Known

17. INFORMANT (ADDRESS) Mr. Bert McBride Flat River Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Flat River Mo. DATE 11-18 1933

19. UNDERTAKER (ADDRESS) R. G. Caldwell Flat River Mo.

20. FILED NOV 17 1933 J. F. Bredeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-16-1933

22. I HEREBY CERTIFY, That I attended deceased from 11-8-, 1933, to 11-16, 1933
I last saw h[illegible] alive on 11-16, 1933. Death is said to have occurred on the date stated above, at 11 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of sigmoid — Date of onset
46 C
1358
129
Other contributory causes of importance: Peritonitis — 11-15-33

Resection of Carcinoma of sigmoid — Date of 11-15-33
Name of operation
What test confirmed diagnosis? Pathologic — Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) L. K. Richardson, M. D.
(Address) Barnes Hospital

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD