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STATE OF MISSOURI }  
CITY OF JEFFERSON } SS I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health. Witness my hand as State Registrar of Vital Statistics and the Seal of the Missouri Department of Health this date of

*Garland H Land*

Garland H. Land  
State Registrar of Vital Statistics

MAR 4 1994

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| <b>FEDERAL SECURITY AGENCY</b><br>National Office of Vital Statistics<br><b>FILED JUN 12 1948</b><br>Registration District No. <u>318</u>   |  | <b>MISSOURI DIVISION OF HEALTH</b><br><b>STANDARD CERTIFICATE OF DEATH</b><br>Primary Registration District No. <u>1003</u>  |  | State File No. <u>17967</u><br>Registrar's No. <u>5033</u> |
| <b>1. PLACE OF DEATH:</b><br>(a) County <u>St. Louis</u><br>(b) City or town <u>St. Louis</u><br>(If outside city or town limits, write "RURAL" and name of township)<br>(c) Name of hospital or institution: <u>4909 Emerson Avenue</u><br>(If not in hospital or institution, write street number or location)<br>(d) Length of stay: In hospital or institution _____ (Specify whether in this community, year, month or day)      |  | <b>2. USUAL RESIDENCE OF DECEASED:</b><br>(a) State <u>Missouri</u> (b) County _____<br>(c) City or town <u>St. Louis</u><br>(If outside city or town limits, write "RURAL")<br>(d) Street No. <u>4909 Emerson Avenue</u><br>(If rural, give location)<br>(e) Citizen of foreign country? <u>No</u> (Yes or No)<br>If yes, name country _____  |  |  |
| <b>3. (a) PRINT FULL NAME</b> <u>GRACE E. RICHIE</u><br>(b) If veteran, name war <u>None</u> (c) Social Security No. <u>None</u><br>4. Sex <u>Female</u> 5. Color or race <u>White</u><br>6. (a) Single, widowed, married, divorced <u>Widowed</u><br>(b) Name of husband or wife <u>Marvel J. Richie</u> (c) Age of husband or wife if alive _____ years<br>7. Birth date of deceased: <u>April 28, 1881</u><br>(Month) (Day) (Year) |  | <b>MEDICAL CERTIFICATION</b><br>20. DATE OF DEATH: Month <u>June</u> day <u>1</u> , 19 <u>48</u><br>year hour <u>12:35</u> minute <u>A</u> M.<br>21. I hereby certify that I attended the deceased from <u>May 9 - 1948 to June 1 1948</u><br>that I last saw her alive on <u>June 1 1948</u><br>and that death occurred on the date and hour stated above.<br>Immediate cause of death <u>Myocarditis - Ch</u><br>Due to <u>decompensation</u><br>Due to _____<br>Other conditions (Include pregnancy within 3 months of death) <u>93</u><br>Major findings: Of operations _____<br>Of autopsy _____<br>22. If death was due to external causes, fill in the following:<br>(a) Accident, suicide, or homicide (specify) _____<br>(b) Date of occurrence _____<br>(c) Where did injury occur? _____ (City or town) (County) (State)<br>(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____<br>23. Signature <u>J. F. Brubaker</u> (M.D. or other) _____<br>Address <u>1167 Hamilton Avenue</u> Date signed <u>June 1 1948</u><br>(Licensed Embalmer's Statement on Reverse Side) |  |  |
| <b>MOTHER</b><br>11. Name <u>Albert H. Ellett</u><br>12. Birthplace <u>Lynchberg Virginia</u><br>13. Maiden name <u>Ellen Higney</u><br>14. Birthplace <u>Terre Haute Indiana</u>   |  | <b>FATHER</b><br>15. Name <u>James E. Richie</u><br>16. Address <u>4210 Linton Avenue</u><br>17. (a) Burial <u>St. Clair Missouri</u> (b) Date thereof <u>June 3, 1948</u><br>(Burial, cremation, or reinterment) (Month) (Day) (Year)<br>(c) Place: burial or cremation <u>Shepard Funeral Home</u><br>18. (a) Signature of funeral director <u>1167 Hamilton Avenue</u><br>(b) Address _____<br>19. (a) <u>JUN 1 1948</u> (b) <u>J. F. Brubaker</u><br>(Date received local registrar) (Registrar's signature)   |  |  |