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

Do not use this space. 38997

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City..... (No. Barnes Hosp St. ..... Ward)

File No. .....

Registered No. 11709

2. FULL NAME GRANT, LOUIS

(a) Residence. No. [illegible] CAS St., 21 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE: Years abt. 66 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Labor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss

PARENTS

10. NAME OF FATHER: Jack Grant

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Va.

12. MAIDEN NAME OF MOTHER: Unknown Tate

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Va

14. INFORMANT: Mrs. Drury
(Address) Barnes Hosp.

15. FILED: 30 29 1927 Mark C. Starkoff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12-18-1927

17. I HEREBY CERTIFY, That I attended deceased from 12-2, 1927, to 12-18, 1927 that I last saw h/M alive on 12-18, 1927, and that death occurred, on the date stated above, at 8:45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

46 F

1) Carcinoma of Stomach

HPN (duration) yrs. 7 mos. ds.

CONTRIBUTORY (SECONDARY) Intestinal obstruction

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? yes DATE OF 12-10-27

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Operation & Autopsy

(Signed) Myron W. Davis, M.D.

12/27, 1927 (Address) Barnes Hospital

*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: St. Louis Mo. | DATE OF BURIAL: 12-29-1927

20. UNDERTAKER: W. Richter 3500 Rutger | ADDRESS

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.