

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

Do not use this space.

6656

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **5-854**) **Clumbank Ave.** St. **6** (Ward)

File No. ....  
 Registered No. **1605**

**2. FULL NAME**

(a) Residence No. **5-854** **Clumbank St.** **6** 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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) **the late Mary Grant**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Mar. 21, 1853**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**74 | 10 | 23**

8. OCCUPATION OF DECEASED **Retired Farmer**  
 (a) Trade, profession, or particular kind of work  
 (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) **Missouri**

10. NAME OF FATHER **Wm. S. Grant**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Canada**

12. MAIDEN NAME OF MOTHER **Owens**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

14. INFORMANT **Mrs. David Hubbard**  
 (Address) **58504 Clumbank Ave**

15. FILED **1928** **Mar 13** **Starloff** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Feb. 13<sup>th</sup> 1928**

17. I HEREBY CERTIFY, That I attended from **Aug 29, 1924** to **Feb 13<sup>th</sup> 1928**  
 that I last saw **him** alive on **Feb 6, 1928**, and that death occurred, on the date stated above, at **12:30 A.M.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Carcinome Blodde**  
**Operated at Barnes Hosp.**  
**Amputated 3/2/28**

CONTRIBUTORY (SECONDARY) **None**  
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED **Not at place of death**  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH? **No** DATE OF.....  
 WAS THERE AN AUTOPSY? **No**  
 WHAT TEST CONFIRMED DIAGNOSIS? **Clinal**  
 (Signed) **Harry H. Meyer, M.D.**  
**7/13, 1928** (Address) **4903 Bellm**

\*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 **Freeburg, Mo.** DATE OF BURIAL **Feb. 14, 1928**

20. UNDERTAKER **Jos. W. Clark** ADDRESS **1125**

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.

