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

Do not use this space.

25471

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis, Mo. (No. ..... Sanitarium ..... St. ..... Ward)

File No. .....

Registered No. 7285

2. FULL NAME Clarence Grouse

(a) Residence. No. 1118 So. 13th St., 13 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 14 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)
Male	white	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27. 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	43	11	14	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer Curlee Clothing Co

9. BIRTHPLACE (CITY OR TOWN) Paducah
(STATE OR COUNTRY) Kentucky

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Paducah
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) "
(STATE OR COUNTRY) North Carolina

14. INFORMANT K E Sherrill
(Address) City Sam.

15. FILED 13 1928 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-11- 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-1- 1925, to 7-11- 1928 that I last saw h— alive on 7-11- 1928, and that death occurred, on the date stated above, at 6:40 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Dementia Paralytica

K3

(duration) 3 yrs. 5 mos. 20 ds. +

CONTRIBUTORY (SECONDARY) 16

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

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) K E Sherrill, M. D

7-11-, 1928 (Address) City Sam

*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
N. St. Marcus Cem.	7-14 1928

20. UNDERTAKER	ADDRESS
Witt Bros L & U Co. 2929	S. Jefferson Av.

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.