

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

Do not use this space.

42873

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1000**
City **St. Louis** (No. **City Hospital**)

File No. **12669**
Registered No. **12669**
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. **2022 1/2 Market St.** **22** Ward.
(Usual place of abode)

Length of residence in city or town where death occurred **37** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male**
4. COLOR OR RACE **white**
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **married**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **May 5 - 1892**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
37 7 21

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Porter Cook**
(b) General nature of industry, business, or establishment in which employed (or employer) **Red Cap Union Station**
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

10. NAME OF FATHER **Henry Griss**

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

12. MAIDEN NAME OF MOTHER **Ellen Murphy**

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

14. INFORMANT (Address) **City Hospital**

15. FILED **DEC 29 1929** **Map C. Hester** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec 26 1929**

17. I HEREBY CERTIFY, That I attended deceased from **Dec 18**, 19**29**, to **Dec 26**, 19**29**, that I last saw him alive on **Dec 26**, 19**29**, and that death occurred, on the date stated above, at **18 22 1/2 Market St.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

**Chronic Alcoholism with
Delirium Tremens**
(duration) **7** yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **Broncho-Pneumonia**
(duration) **2** ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH, DID AN OPERATION PRECEDE DEATH? DATE OF WAS THERE AN AUTOPSY?
18 22 1/2 Market St
no
no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **Ben Margulies**, M. D.
12/27, 1929 (Address) **City 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 DATE OF BURIAL
St. Peter & Pauls **12-30 1929**

20. UNDERTAKER ADDRESS
Arthur J. Donnelly, 2039 Wood St

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.

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