

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

Do not use this space.

17519

1. PLACE OF DEATH
 County St. Louis Registration District No. 791
 Townshp. St. Louis Primary Registration District No. 1003
 City St. Louis (No. Me. Pac. North) St. _____ Ward _____

2. FULL NAME William Granger
 (a) Residence. No. 926-A N. 22nd St. 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.

File No. _____
 Registered No. 4595
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Virginia Granger
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-6-73
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 3 28
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Store room helper 102
 (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) North Carolina
 10. NAME OF FATHER not known
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) not known
 12. MAIDEN NAME OF MOTHER not known
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) not known

14. INFORMANT Virginia Granger
 (Address) 926-A N. 22nd St.
 15. FILED May 31 1930 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-4-1930
 17. I HEREBY CERTIFY, That I attended deceased from Apr. 6, 1930 to May 4, 1930 that I last saw him alive on May 31, 1930 and that death occurred, on the date stated above, at 5:10 m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS: A.

Cerebral Hemorrhage
82 A
 (duration) yrs. mos. ds. 1
 CONTRIBUTORY (SECONDARY) Hypertension
 (duration) mos. ds. Many

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF BIRTH _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Physical findings Blood Pressure
 (Signed) M. A. Beckman, M. D.
 , 19 _____ (Address) Missouri Pacific 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
Washington Park Cem 5-11 1930

20. UNDERTAKER ADDRESS
J. C. Lewis Webster Esq

