

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

Do not use this space.

15512

1. PLACE OF DEATH

96 County St. Louis
Township Central
City St. Louis No. _____

Registration District No. 289
Primary Registration District No. 6033B

File No. _____
Registered No. 136
St. _____ Ward)

2. FULL NAME

(a) Residence. No. High Road St. _____ 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 M 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 Elizabeth Grante

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 2 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 2 1

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER H. Grante

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

12. MAIDEN NAME OF MOTHER Maize Rode

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

14. INFORMANT Aug. W. Grante
(Address) Clayton, Mo.

15. FILED 4/4 1931 Roller, Guy M. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 3 1931

17. I HEREBY CERTIFY, That I attended deceased from 3/24, 1931, to 4/3, 1931, and that I last saw him alive on 4/3, 1931, and that death occurred, on the date stated above, at 4:05 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia
131
132B
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Ch. nephritis
(duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID IN OPERATION RECEIVE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Urinalysis
(Signed) J. D. Deeblye M. D.

4/7, 1931 (Address) 127, Central - Clayton

*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 Immanuel Lutheran Ch. DATE OF BURIAL 4/7/1931

20. UNDERTAKER Immanuel Bros. ADDRESS 204 Woodway, Oakland, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAY 27 1931

