

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

Do not use this space.

2817

1. PLACE OF DEATH

County..... Registration District No. *7911*
 Township..... Primary Registration District No. *HUNTER*
 City *St Louis Mo* (No. *2*) City, *2 Hospital* St. _____ Ward _____

File No. _____
 Registered No. *521*

2. FULL NAME

(a) Residence, No. *2642 Morgan St.* Ward *21*

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *58* yrs. mos. *2* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>Col</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Ida Grant</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>1-7-1874</i>		
7. AGE	YEARS <i>58</i>	MONTHS <i>2</i>
	DAYS <i>2</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Santor 236</i>	
	10. Date deceased last worked at this occupation (month and year) <i>unknown</i>	11. Total time (years) spent in this occupation <i>unknown</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St Louis mo 1</i>		
MOTHER FATHER	13. NAME <i>Wm Grant</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>unknown 91</i>	
	15. MAIDEN NAME <i>unknown</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Kentucky 2</i>	
17. INFORMANT (ADDRESS) <i>St Gertrude Creche City Hospital</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Washington Park</i> DATE <i>Jan 17 1932</i>		
19. UNDERTAKER (ADDRESS) <i>Demeny - son 2700 Wash St</i>		
20. FILED <i>JAN 16 1932</i> <i>near Estabery</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1-9-32*

22. I HEREBY CERTIFY, That I attended deceased from *12-14*, 19*31*, to *1-9*, 19*32*

I last saw him alive on *1-9*, 19*32* Death is said to have occurred on the date stated above, at *809* m.

The principal cause of death and related causes of importance were as follows:
733
Pulmonary Tuberculosis

Other contributory causes of importance:
3

Name of operation _____ Date of _____
 What test confirmed diagnosis? *fluoroscope* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *(D)* Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) *Wm Smith*, M. D.
 (Address) *City Kansas*

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.

