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.

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

Do not use this space.

17749

1. PLACE OF DEATH

County ..... Registration District No. 791 5003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 4703

City St Louis (No. 4573 Aldine St ..... St. ..... Ward)

2. FULL NAME Bernard J. Grawe

(a) Residence, No. 4573 Aldine St St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: 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 Jennie Mary

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1st 1880

7. AGE: YEARS 52 MONTHS 2 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rice Stix 173 Dry Goods Co

10. Date deceased last worked at this occupation (month and year) Oct 1931

11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo 1

FATHER

13. NAME John Grawe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 2

MOTHER

15. MAIDEN NAME Anna Dulle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

17. INFORMANT (ADDRESS) Mrs Jennie Grawe 4573 Aldine St th

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE May 16 1932

19. UNDERTAKER (ADDRESS) Cullen & Kelly 1416 N Taylor Ave

20. FILED MAY 13 1932 19 Max C Starcliff Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 8th, 1931, to May 11th, 1932

I last saw him alive on May 11th, 1932. Death is said to have occurred on the date stated above, at 6:15 p.m.

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

	Date of onset
Aortic Regurgitation	
92A	
118C ① 92A	

Other contributory causes of importance:

Chronic Catarrhal Gastritis

Name of operation None Date of .....

What test confirmed diagnosis? As above mentioned Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ 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) J. B. Heuckhaus, M. D.

(Address) 4607 Easton Av