

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

Do not use this space.

27346

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1170 File No. _____
 7 Township St. Ann Primary Registration District No. 6248H Registered No. 161
 7 City St. Marys Hospital St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 7734 Garrison Ave 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John P. Grant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 24, 1856</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>1</u>
	DAYS <u>5</u>	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. <u>At Home</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u> <u>24</u>		
MOTHER FATHER	13. NAME <u>Carl J. Nelson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>	
17. INFORMANT (ADDRESS) <u>Arthur V. Lindes</u> <u>7734 Garrison Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Denver, Colo.</u> DATE <u>8/29-1932</u>		
19. UNDERTAKER (ADDRESS) <u>C. P. Lupton & Sons</u> <u>#4449 Olive Street</u>		
20. FILED <u>8/30</u> 19 <u>32</u> <u>La B Jensen</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 29th 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 25th 1932 to Aug 29th 1932
 I last saw him alive on Aug 29th 1932 Death is said to have occurred on the date stated above, at 12:30 p.m.
 The principal cause of death and related causes of importance were as follows:
930
127A
Myocarditis chronic 1/15/32
930
 Other contributory causes of importance: 1
Empyema of the Gall 8/25/32
Bleedie (acute)
 Name of operation None Date of _____
 What test confirmed diagnosis? Physiologic Was there an autopsy? No
 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? No
 If so, specify _____
 (Signed) August S. Nielsen M. D.
 (Address) 16194 N. Elmwood Blvd

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.

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

SEP 27 1932

#6192 Ocean Blvd.
T. P. W.