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

Do not use this space.

34326

Original sent in Jeff City

File No.

Registered No. 314

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 789

Township Central — Primary Registration District No. 6033 B

City (No. 2715 Hanley Rd. St. Ward)

2. FULL NAME George Grealey

(a) Residence. No. 2715 Hanley St. Rd. 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.

NOV 10 1933

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M.	W.	M.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kate Grealey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 26 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	64	—	—	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Business agt.

(b) General nature of industry, business, or establishment in which employed (or employer) Marble Workers

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Unk.

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

12. MAIDEN NAME OF MOTHER "

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

14. INFORMANT Mrs. Kate Grealey
(Address) 2715 Hanley Rd.

15. FILED 10/27, 1933 Rolla Bracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct-26-1933

17. I HEREBY CERTIFY, That I attended deceased from Oct-10-, 1933 to Oct-26-, 1933 that I last saw him alive on Oct-25-, 1933, and that death occurred, on the date stated above, at 10.15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) None

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH —

9 DID AN OPERATION PRECEDE DEATH? — DATE OF

WAS THERE AN AUTOPSY? —

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) Goldburn H. Wilson, M. D.

10/26, 1933 (Address) 4105 W. Florissant

*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
Lake Charles Cem	Oct. 28 1933
20. UNDERTAKER	ADDRESS
Geo. L. Pleitsch	5966 Easton