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.

NOV 10 1933

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

Do not use this space.

34357

1. PLACE OF DEATH

County St Louis — Registration District No. 789 — File No.

Township ~~St Fr~~ Central — Primary Registration District No. 6033 — Registered No. 314

City ..... (No. 2715, Hanley rd. St. ..... Ward)

2. FULL NAME George Grealey

(a) Residence, No. 2715 Hanley rd. St., ... 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: Kate Grealy

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

7. AGE: YEARS 64 — MONTHS 5 — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Business Agent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Marble Workers
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): St Louis, Missouri

FATHER

13. NAME: Don't know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know ?

MOTHER

15. MAIDEN NAME: Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know ?

17. INFORMANT (ADDRESS): Mrs. Kate Grealey, 2715 Hanley rd.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Lake Charles Cem. DATE: Oct. 28, 1933

19. UNDERTAKER (ADDRESS): Geo. L. Pleitsch Inc. 5966 Easton ave.

20. FILED 10/27/1933 Rolla Bracy M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 10th, 1933, to Oct 26th, 1933. I last saw him alive on Oct 25th, 1933. Death is said to have occurred on the date stated above, at 1015 a.m.

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

Cerebral Hemorrage — Date of onset 10-10-33
82A Apoplexy

Other contributory causes of importance:

None

Name of operation: None — Date of .....

What test confirmed diagnosis? Clinical — 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? .....
If so, specify .....

(Signed) Goldburn H Wilson, M. D.
(Address) 4105 W. Florissant ave

Dr J. Wilson.
4105 W. Florissant
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