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.

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

Do not use this space.

38658

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. [illegible]

City St Louis (No. City Hosp. St. ..... Ward)

File No. .....

Registered No. 10328

2. FULL NAME 14230 Charles Grass

(a) Residence, No. 28079 Wisconsin Ward. 24
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Halleen Grass

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19 1897

7. AGE YEARS 36 MONTHS 9 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. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Amb.

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) Buffalo N.Y.

FATHER

13. NAME Henry Grass

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

MOTHER

15. MAIDEN NAME Catherine Rausch

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

17. INFORMANT (ADDRESS) Hosp Inf N. Kent City Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Lakewood Park DATE Dec 2 1933

19. UNDERTAKER (ADDRESS) Ziegenheim Bros. Cherokee St.

20. FILED ..... 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-25, 1953, to 11-29, 1933

I last saw him alive on 11-29, 1933. Death is said to have occurred on the date stated above, at 10 30 m.

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

Lobar Pneumonia

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Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin 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) J McColeman, M. D.

(Address) City Hosp