JAN 26 1934

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

Do not use this space.

42148

File No.
Registered No. 11220

1. PLACE OF DEATH

County
Township
City Saint Louis (No. 1917 Carr Street St. Ward)

Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME Ephraim Granderson

(a) Residence, No. 1917 Carr Street St., 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Colored	Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR ~~WIFE OF~~) Lelia Granderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7th, 1898

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	35	1	20	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) December 1933 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rodney Mississippi

FATHER

13. NAME Oscar Granderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

MOTHER

15. MAIDEN NAME Lizzie Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable

17. INFORMANT Lelia Granderson
(ADDRESS) 1917 Carr Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Jan. 1, 1934

19. UNDERTAKER Charles J. Bates
(ADDRESS) 4107 Finney Avenue

20. FILED DEC 29 1933 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1933, to Dec. 27, 1933
I last saw him alive on Dec. 26, 1933. Death is said to have occurred on the date stated above, at 12:45 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec. 25
108	
104A	

Other contributory causes of importance: Could not specify

Name of operation Dec. 28 Date of
What test confirmed diagnosis? 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. F. Powers, M. D.
(Address) 1711 N. 10th St.

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.

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