

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

Do not use this space.

18486
4964

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City St. Louis (No. Barnes Hospital) St. Ward)

2. FULL NAME Ralph Julius Grandjean

(a) Residence, No. 28329 Chautauque Ave St. NR Ward. Gerald Mo
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-24-16

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 0 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 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) Mo

13. NAME Julius E Grandjean

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

15. MAIDEN NAME Emma Weiss

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

17. INFORMANT (ADDRESS) J E Grandjean
28329 Chautauque Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Lakshell DATE 5-19-34

19. UNDERTAKER (ADDRESS) Louis K Bopp
Kirkwood Mo

20. FILED 16 1934 J. A. Brebeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

2 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-15-1934

22. I HEREBY CERTIFY, That I attended deceased from 5-9-1934, to 5-15-1934.
 I last saw him alive on 5-15-1934. Death is said to have occurred on the date stated above, at 12 m m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of lung (metastatic) Date of onset 4-14-34

Other contributory causes of importance:
Carcinoma of testicle 11-33
Carcinoma (metastatic) of skin (metastatic) 9-14

Name of operation Biopsy Date of 5-11-34
 What test confirmed diagnosis? Was there an autopsy? Yes

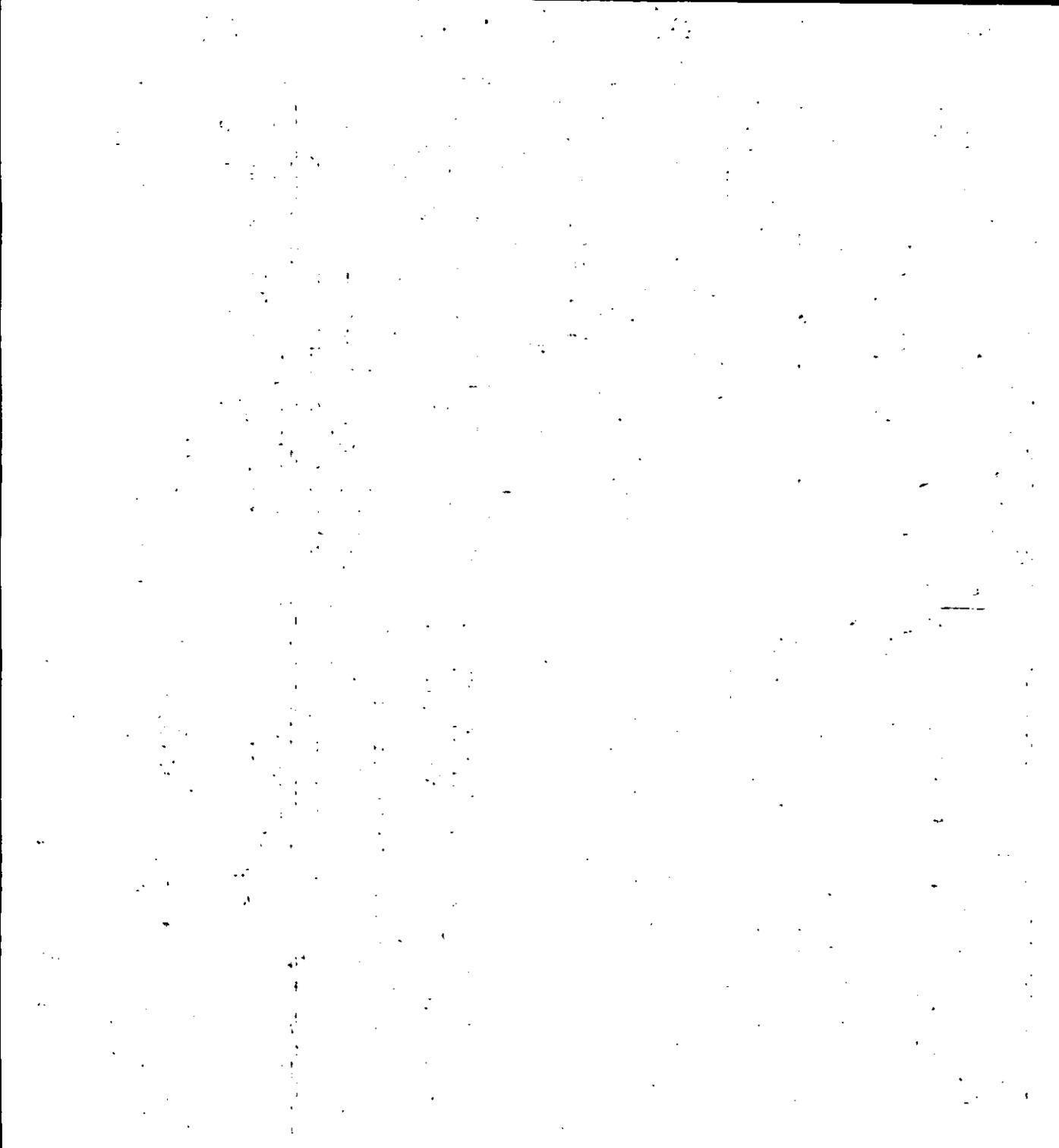
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) E. W. Grove, M. D.
 (Address) Barnes Hospital

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.

JUN 19 1934



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

43313

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis*

Registration District No. *791*
Primary Registration District No. *1903*
(No. *Barnes Hosp*)

File No.
Registered No. *4964*
St. Ward)

2. FULL NAME

(a) Residence, No. *Ralph J. Hondreau* St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *m* 4. COLOR OR RACE *w* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *S*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 15 1934*

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw h..... alive on....., 19... Death is said to have occurred on the date stated above, at..... m.

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

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

7. AGE YEARS *18* MONTHS *0* DAYS *21* If LESS than 1 day, hrs. or min.

Date of onset

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.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

(Primary) *51*
contributory causes of importance: *Scarcity of testicles*

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

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

FATHER 13. NAME

What test confirmed diagnosis? *51* Was there an autopsy?

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

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)

MOTHER 15. MAIDEN NAME

Specify whether injury occurred in industry, in home, or in public place.

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

Manner of injury.....

Nature of injury.....

17. INFORMANT (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

If so, specify *to W Grove* M. D.

19. UNDERTAKER (ADDRESS)

(Signed) *J. F. Bredeck* (Address) *Barnes Hosp*

20. FILED *9-7-34*

Registrar

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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