

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

Do not use this space.

1. PLACE OF DEATH St. Louis Registration District No. 791
 County St. Louis Townships St. Louis Primary Registration District No. 1003
 City St. Louis (No. De Paul Hosp) St. _____ Ward _____
 Registered No. 22412
 2. FULL NAME Kenneth Francis Grebel
 (a) Residence, No. _____ St. 7th Ward Edwardsville, Ill.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ da.

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 Ann Grebel
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 13 - 1892
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 6 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief of Police
 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) May 1934 11. Total time (years) spent in this occupation 2

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

13. NAME Charles Grebel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edwardsville Illinois

15. MAIDEN NAME Anna Bonner

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

17. INFORMANT Ann Grebel (ADDRESS) Edwardsville, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE June 26 1934

19. UNDERTAKER W. C. Strube (ADDRESS) Edwardsville, Ill.

20. FILED J. F. Brebeck 19 25 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1934 to June 23, 1934

I last saw him alive on June 23, 1934 Death is said to have occurred on the date stated above, at 2:30 p.m.

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

general 36
Streptococci septicaemia
origin unknown -
no cuts or evidence
of trauma
 or contributory causes of importance:

Date of onset Jan 1934

Name of operation _____ Date of _____
 What test confirmed diagnosis? diag. 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? N

If so, specify _____
 (Signed) Frank R. Langley M. D.

(Address) 3701 Walnut

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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