

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

Do not use this space.

26880

1. PLACE OF DEATH

County..... Registration District No. 791
 Township St. Louis Primary Registration District No. Bethesda, 1003 File No.
 City St. Louis (No. 1003) City Registered No. 7114 St. Ward)

2. FULL NAME

(a) Residence, No. 7518 1/2 North Broadway 8 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 3, 1934</u>		
7. AGE	YEARS <u>0</u>	MONTHS <u>1</u>
	DAYS <u>15</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>	
	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.....	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>	
	13. NAME <u>John F. Grabrisch</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>	
	15. MAIDEN NAME <u>Ruth Grayhart</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>	
	17. INFORMANT (ADDRESS) <u>John F. Grabrisch</u> <u>7518 1/2 North Broadway</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Freiding</u> DATE <u>July 19, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Walt Hermann Co</u> <u>1516 Park Pl. St. Louis</u>		
20. FILED: <u>19 9 19</u> <u>Jon - J. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1934 to July 18, 1934.
 I last saw him alive on July 18, 1934. Death is said to have occurred on the date stated above, at 12:15 P.m.
 The principal cause of death and related causes of importance were as follows:
Intra-cranial bleed Date of onset Birth
injury
1604

Other contributory causes of importance:

Name of operation..... 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?.....
 If so, specify.....
 (Signed) T. S. Zahorsky, M. D.
 (Address) 536 N. Taylor

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. AUG 16 1934

WHITE CLAYNEY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

