

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... (No.....)

Registration District No. 791
Primary Registration District No. 1003
Isolation Hospital

File No. 8810
Registered No. 2299
St. Ward)

2. FULL NAME

Ralph R. Granicke,

(a) Residence, No. 3528
(Usual place of abode)

Charlack St.

St.,

Ward.

St. Louis County, /

(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 **Male** 4. COLOR OR RACE **White** 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) **July 7, 1930**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 7 16

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Schoolboy**
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) **St. Louis, MO.**13. NAME **Frank J. Granicke**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, MO.**15. MAIDEN NAME **Anna Luebke**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kimmswick, Mo.**17. INFORMANT (ADDRESS) **Frank J. Granicke 3528 Charlack St. L. Co**18. BURIAL, CREMATION, OR REMOVAL PLACE: **no autopsy** DATE: **7/26**, 1919. UNDERTAKER (ADDRESS) **Thomas J. Fernald 1519 S. Grand**20. FILED **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 23, 1937**

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 **2:25** p. m.

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

fracture of skull
meningitis (Post-Traumatic)
fracture of humerus, Rupture
of mesenteric Blood Vessels

Other contributory causes of importance:

received when struck by auto

in St. Louis County, Mo.

Deceased was a pediculator.

Name of operation: **Accidental** Date ofWhat 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? **Accid.** Date of injury: **7/9, 1937**Where did injury occur? **St. Louis County, Mo.**

(Specify city or town, county, and State)

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

Manner of injury: **Struck by auto.**Nature of injury: **fracture of skull**24. Was disease or injury in any way related to occupation of deceased? **✓**

If so, specify

(Signed) **Alfred Perry** M.D.(Address) **1519 S. Grand****Deputy Coroner**

FEB 25 1937

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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