

APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 333
Township Ferguson Town Primary Registration District No. 4468
City Robinson, Mo. (No. Ferguson Lane Robinson Mo.)

File No. 13292
Registered No. 58
St. _____ Ward _____

2. FULL NAME

Walter Gravessman

(a) Residence, No. St. Louis County Mo. 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

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) 12-7-1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
24 12 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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 County Mo.

13. NAME Charles Gravessman

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

15. MAIDEN NAME Mathilda Eruegar

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis County Mo.

17. INFORMANT Charles Gravessman
(ADDRESS) Ferguson Lane St. Louis County Mo.

18. BURIAL, CREMATION, OR REMOVAL St. Charles Dist.
PLACE Worship Cemetery DATE 3-27, 1937

19. UNDERTAKER St. Charles Dist.
(ADDRESS) St. Charles Mo.

20. FILED 3-27, 1937 W. A. Zittler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1937 - March 24th

22. I HEREBY CERTIFY, That I attended deceased from January 20, 1937, to March 24, 1937
I last saw him alive on March 23rd, 1937 Death is said to have occurred on the date stated above, at 2:25 A.M.
The principal cause of death and related causes of importance were as follows:

Rheumatic Endocarditis following Scarlet Fever
Date of onset 1913
Go
Other contributory causes of importance: Renal Cardiac failure 2 wks ago

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? _____

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) P. O. Hayden, M. D.
(Address) St. Charles, Mo.

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.

B. Smith

