

AUG - 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..... St. Louis, Mo. (No. 1209 Hebert Street.

Registration District No. 791
Primary Registration District No. 1003
1209 Hebert Street.

File No. 25927
Registered No. 7101
St. Ward)

2. FULL NAME

Thomas L. DeGrant,

(a) Residence, No. 1209 Hebert Street st., 26 Ward.
(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6th, 1882

7. AGE YEARS MONTHS DAYS
5 55 6 16
If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Probation Officer

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) Missouri, DeGrant

13. NAME Thomas L. DeGrant

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Nancy Thurmann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Mrs. Dorris DeGrant (ADDRESS) 1209 Hebert Street.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bellefontaine Cemetery July 27th 1937

19. UNDERTAKER (ADDRESS) St. Louis, Mo. 1417 N. Market St.

20. FILED JUL 26 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1937, to July 24, 1937
I last saw him alive on July 24, 1936 Death is said to have occurred on the date stated above, at 7:45 p. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

myocarditis chronic

Other contributory causes of importance:

Paralytic stroke from Hypertension

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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?
If so, specify..... (Signed) Dr. Joseph Hill, M. D.

(Address) 3636 Hebert

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.

38-1-7/2

3696 Robert