DEC 28 1937

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

Do not use this space.

42524

1. PLACE OF DEATH

County St. Louis — Registration District No. 1160 — File No.

Township — Primary Registration District No. 4470 — Registered No. 121

City ~~St. Louis~~ (No. 6916 Waterman Ave St. Ward)

2. FULL NAME Granville R. Gloor Jr.

(a) Residence, No. 6916 Waterman Ave. St., 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susan Gloor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18 1907

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
51	30	2	11	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bell Tele. Co.

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.

FATHER

13. NAME Granville Gloor Sr.

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

MOTHER

15. MAIDEN NAME Louise Artmann

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

17. INFORMANT (ADDRESS) Mrs E R Gloor 6916 Watermann Ave.

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~

PLACE ValHalla Crem. DATE Dec. 1 1937

19. UNDERTAKER (ADDRESS) Drehmann-Harrel 1905 Union Blvd.

20. FILED Nov. 30, 1937 Virginia Hirschi (D) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..., 1934, to Nov. 29, 1937

I last saw him alive on Nov. 29, 1937 Death is said to have occurred on the date stated above, at 5 30 m.

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

myocarditis (chron) aortic stenosis mitral (regurgitation

Date of onset

Other contributory causes of importance: Rheumatic fever childhood.

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) W Alexander Smith, M. D.

(Address) Webster Groves

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.