

REC'D JAN 6 1939 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. 784
Township Carondelet Primary Registration District No. 202
City St. Louis (No. 1) Robert Koch Hosp. St. _____ Ward _____

File No. 44533
Registered No. 2009

2. FULL NAME

Alma Granda
(a) Residence, No. 7413 Michigan 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Granda

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-24-1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
26 5 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
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 Missouri

13. NAME Fred Wagner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

15. MAIDEN NAME Mary Kellers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mehlville Missouri

17. INFORMANT (ADDRESS) Koch Hosp. Records
Koch Hosp.

18. BURIAL, CREMATION, OR REMOVAL PLACE ST JOHN MEHLVILLE DATE Dec. 10, 1938

19. UNDERTAKER (ADDRESS) JOS. P. FENDLER JR
7128 MICHIGAN

20. FILED DEC 8 - 1938 J. R. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-7- 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, to Dec 7, 1938

I last saw him alive on Dec 6, 1938. Death is said to have occurred on the date stated above, at 5 a. m.

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

Pulmonary The trichinella
The enteritis

Other contributory causes of importance:
The Enteritis

Name of operation none 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) Robert Potashnick M. D.
(Address) Koch Hosp.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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Examined by Jos T. Fisher for
Series # 925