

MAY 12 1939

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

14448

Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125
(b) Township Cape Girardeau Primary Registration District No. 3009 Registered No. 148
(c) City Cape Girardeau (d) Street No. S. E. Mo. Hospital St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William Bryan Grosvenor
(a) Residence, No. Deering mo St. Deering mo
(Usual place of abode, if no street address, write county or city) (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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sovetka Granevald Grosvenor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept - 16 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 7mo 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. FARMER
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Jacob (STATE OR COUNTRY) Ill.

13. NAME Fred Grosvenor

14. BIRTHPLACE (CITY OR TOWN) Jacob (STATE OR COUNTRY) Ill.

15. MAIDEN NAME Martha Melcay

16. BIRTHPLACE (CITY OR TOWN) Jacob (STATE OR COUNTRY) Ill.

17. INFORMANT Mrs Anna Ement (ADDRESS) (Sister)

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lane DATE 4-14-39

19. FUNERAL DIRECTOR (NAME) Schrader Undertaker (ADDRESS) Chester Ill

20. FILED 4-12-39 J. M. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-12-1939

22. I HEREBY CERTIFY, That I attended deceased from 4-8, 1939, to 4-12, 1939

Last saw him alive on 4-12, 1939. Death is said to have occurred on the date stated above, at 9 P. M.
The principal cause of death and related causes of importance were as follows:

Submucous Thrombus
Date of onset 4/12/39

Other contributory causes of importance:
Hallucinations, depression, for ruptured appendix

Name of operation Drainage of abscess Date of 4/8/39
What test confirmed diagnosis? in. spec. 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) J. M. Thompson M. D.
(Address) Cape Girardeau mo

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JUL 25 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.