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

Do not use this space.

6630

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 2818 North 23rd St. St. ..... Ward)

File No. ..... Registered No. 1856

2. FULL NAME Edward G. Grubb

(a) Residence. No. 2818 N - 23rd St St., 20 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: 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~~ Theresa Grubb.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-9-~~1846~~ 1846

7. AGE: 80 ~~77~~ YEARS; 11 MONTHS; 13 DAYS; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Printer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Toronto
(STATE OR COUNTRY) Canada.

PARENTS

10. NAME OF FATHER Wm Grubb

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) England.

12. MAIDEN NAME OF MOTHER Elizabeth Chambers.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) England.

14. INFORMANT Theresa Grubb
(Address) 2818 - N - 23rd St.

15. FEB 23 1927 FILED ..... 19.. Max C. Starkeoff REGISTRAR

3 MEDICAL CERTIFICATE OF ~~DEATH~~

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 22 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb 19 to Feb 22, 1927, to ....., 19.. that I last saw b. ~~[illegible]~~ alive on Feb 22, 1927, and that death occurred, on the date stated above, at 4:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis & Arteriosclerosis
93L
82R
97
(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage (apoplexy) (duration) — yrs. — mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 90B

0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) A. F. Stephens, M.D.

2/23, 1927 (Address) 319 Lipton Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Valhalla Cem. DATE OF BURIAL: Feb. 24 1927

20. UNDERTAKER: A. Ryan Lillo ADDRESS: 2707 North Grand

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.