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

Do not use this space.

35612

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis (No. Enroute to Hosp St. ..... Ward)

File No. .....

Registered No. 10907

2. FULL NAME Carl Grassinger

(a) Residence. No. 3557 Caroline St., 18 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 31 1917

7. AGE: Years 10 | Months 2 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Prairie du Roche
(STATE OR COUNTRY) Ill

PARENTS

10. NAME OF FATHER Wm Grassinger

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Prairie du Roche Ill

12. MAIDEN NAME OF MOTHER Ella Williams

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

14. INFORMANT Wm Grassinger
(Address) Prairie Du Rocher Ill

15. FILED DEC 6 1927 Max C Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-21-27 19

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock & Injuries
Fracture of Skull
Struck by Auto
2100 (duration) St. Louis yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Homicide
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Wm Dever ~~M.D.~~
11/22, 1927 (Address) Dep Coroner

*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: Prairie Du Rocher, Ill.
DATE OF BURIAL: 11-25-1927

20. UNDERTAKER: C. S. Dashner
ADDRESS: Maeystown

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.

PERMANENT RECORD