

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

Do not use this space.

12016

1. PLACE OF DEATH

County..... Registration District No. 791
 Township St Louis Primary Registration District No. 100B
 City St Louis (No. 4234^a Prairie) St. Ward

File No.
 Registered No. 3267
 St. Ward

2. FULL NAME

William Gradel
 (a) Residence. No. 4234^a Prairie St. 10 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 <u>Male</u>		4. COLOR OR RACE <u>Wht</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (or) WIFE OF <u>Emma Calenborn</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 6 1873</u>					
7. AGE		YEARS		MONTHS	
		<u>57</u>		<u>9</u>	
				DAYS	
				<u>7</u>	
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work. <u>Linner 9th</u>					
(b) General nature of industry, business, or establishment in which employed (or employer).....					
(c) Name of employer.....					

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

PARENTS	10. NAME OF FATHER <u>Michael Gradel</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)	
	12. MAIDEN NAME OF MOTHER <u>Catherine Kinsler</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Do not know</u> (STATE OR COUNTRY)	

14. INFORMANT Mrs. Emma Gradel
 (Address) 4234^a Prairie

15. FILED 15 W. C. Stanley
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 13 1931
17. I HEREBY CERTIFY That I attended deceased from Jan 18, 1931, to 3-13, 1931
 that I last saw him alive on 2-13-31, 1931, and that death occurred, on the date stated above, at 11:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis
95B
77 (duration) 20 yrs. mos. ds.
CONTRIBUTORY Decompensated heart
 (SECONDARY) (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED St Louis
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? No DATE OF.....
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Examination
 (Signed) Walter H. Sporenman M.D.
3-14-31 (Address) 1506 87 Louis

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery
 DATE OF BURIAL March 16 1931

20. UNDERTAKER W. C. Stock W. C. G.
 ADDRESS 2117 E Grand

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.

1-2 V. 21

Dr. C. C. [unclear]