

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

Do not use this space.

26827

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 100
City St. Louis (No. City, St. Louis)
1574 Grand Paper

File No. 8025
Registered No. St. Ward)

2. FULL NAME

(a) Residence, No. 4534 N. Markers 11 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 59 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Anderson

PAGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>108</u>	<u>59</u>			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) Missouri

13. NAME Grand Paper, Sr.

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

15. MAIDEN NAME Mary Summeister

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

17. INFORMANT (ADDRESS) Essam City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's DATE 7/21 1931

19. UNDERTAKER (ADDRESS) Louis H. Bopp

20. FILED Jul 20 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1931

I HEREBY CERTIFY, That I attended deceased from April 3 to July 19, 1931

I last saw him alive on July 19, 1931. Death is said to have occurred on the date stated above, at 1:05 p.m.

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

Tubercular pneumonia

108

1931

Other contributory causes of importance:

Severe degenerative osteomyelitis of left ring finger

Name of operation Amputation of left ring finger Date of 7-26-31

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

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) Dr. Miller, M. D.

(Address) City, St. Louis

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.

Pape