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

Do not use this space.

2354

FEB 25 1932

1. PLACE OF DEATH

County St. Louis, Mo. Registration District No. 1123

Township CARONDELET Primary Registration District No. 6248 B. File No.

City Jefferson Barracks, Mo. No. U.S. Veterans Hospital, Jefferson Barracks, Mo. St. Ward) Registered No. 34

2. FULL NAME Albert Grable.

(a) Residence, No. 8343 Mayfair Place., St. Louis County, Mo. Ward
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred un yrs. kn mos. own ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male.	White.	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Emma Grable.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27, 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	57	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newspaper Mailer. 55

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

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri. 1

FATHER

13. NAME Joseph Grable.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville, Kentucky. 2

MOTHER

15. MAIDEN NAME Myra Myers.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable. Mississippi.

17. INFORMANT (ADDRESS) C. H. Smith, Clinical Director. U. S. Veterans Administration Hospital Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson Bks Mo DATE Feb 1 1932

19. UNDERTAKER (ADDRESS) A. Ellis Und Co 5224 Delmar Blvd.

20. FILED Jan 30 1932 L. C. Obert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 30, 1932.

22. I HEREBY CERTIFY, That I attended deceased from January 29, 1932, to Jan. 30, 1932. I last saw him alive on January 30, 1932. Death is said to have occurred on the date stated above, at 10:25 m. AM.

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

	Date of onset
Cerebral Hemorrhage, right side	Unk.
Other contributory causes of importance:	
Bronchopneumonia	Unk.

Name of operation Date of

What test confirmed diagnosis? Physical Exam. and Clinical Symptoms 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) W. C. Gibson, Medical Officer In Charge

(Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD