

REC'D MAY 22 1939

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

Do not use this space.

15582

File No. 73  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
70 County Montgomery 1 Registration District No. 593  
60 Township Danville Primary Registration District No. 4357  
0 City New Florence (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
2. FULL NAME William Grateuil  
(a) Residence, No. New Florence No. St. Ward. \_\_\_\_\_  
(Usual place of abode) \_\_\_\_\_  
Length of residence in city or town where death occurred 17 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>White</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>Caroline Grateuil</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 7, 1867</u>		
7. AGE YEARS <u>72</u>	MONTHS	DAYS <u>25</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm</u>	
	10. Date deceased last worked at this occupation (month and year) <u>October 1922</u>	11. Total time (years) spent in this occupation <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) <u>Riveland</u> 0 (STATE OR COUNTRY) <u>Mo.</u>		
FATHER	13. NAME <u>Benjamin Grateuil</u> 10	
	14. BIRTHPLACE (CITY OR TOWN) <u>Germany</u> 10 (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Bernbendina Hatter</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Clarence Grateuil</u> (ADDRESS) <u>Americus Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Riveland</u> DATE <u>May 4, 1939</u>		
19. UNDERTAKER <u>M. E. Hendershott Jr.</u> (ADDRESS) <u>New Florence Mo.</u>		
20. FILED <u>5/3</u> 19 <u>39</u> <u>James O. Helm</u> M.D. Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1939, to May 2, 1939.  
I last saw him alive on May 2, 1939. Death is said to have occurred on the date stated above, at 11:45 A.M.  
The principal cause of death and related causes of importance were as follows:  
Coronary Thrombosis  
Date of onset 5-2-39

Other contributory causes of importance:  
Chronic myocarditis ?

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Chival 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? No.  
If so, specify \_\_\_\_\_  
(Signed) James O. Helm M.D.  
(Address) New Florence Mo.  
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N. B.—Every item of information should be carefully classified. 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.

