

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

12 1939

JUL 17 1939

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

23231  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
(b) Township 1 Primary Registration District No. 189  
(c) City or MAPLEWOOD, MO. (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME JOSEPH GRANER

(a) Residence, No. 2820 BARTOLD St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF HUSBAND OF MARIE GRANER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 27, 1892

7. AGE YEARS 46 MONTHS 6 DAYS 14 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. GRAUFFEUR  
9. Industry or business in which work was done, as saw mill, bank, etc. PEVELY DAIRY  
10. Date deceased last worked at this occupation (month and year) JULY 1939 11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO

13. NAME JOHN GRANER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN GERMANY

15. MAIDEN NAME LOUISA KEBLMANN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO

17. INFORMANT MARIE GRANER (ADDRESS) 2820 BARTOLD AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE FRIEDENS DATE JULY 13 1939

19. FUNERAL DIRECTOR (NAME) Blue... & Sons (ADDRESS) 2934 S. ...

20. FILED JUL 12 1939 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-11, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-11, 1939, to 7-11, 1939

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 7:30 A.M.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage  
820

Other contributory causes of importance: Chronic Endarteritis Over. Exertion

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) Dr. Theo. F. Riel M.D.  
(Address) 7465 Hazel ave  
Maplewood 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.

96  
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Frank J. Moore*

Licensed Embalmer No. *3041*

P. O. Address *2117 E. Grand*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**