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

Do not use this space.

34905

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

File No.....

Registered No. 10049

City St. Louis, Mo. (No. Isolation Hosp. St. ..... Ward)

2. FULL NAME Douglas Gradolf Douglas Gradolf

(a) Residence. No. 1309a S. 13th St., 22 Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 11 mos. 30 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	single

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 19, 1922

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
	4	11	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work nil

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Thorton Gradolf

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Jamestown Mo.

12. MAIDEN NAME OF MOTHER Georgia Williams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) California Mo.

14. INFORMANT L. Kinner

(Address) Isolation Hospital

15. FILED NOV 10 1927, 19..... Mary B. Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 9 19 27

17. I HEREBY CERTIFY, That I attended deceased from 11-8, 19 27, to 11-9, 19 27 that I last saw h.im alive on 11-9-27, 19....., and that death occurred, on the date stated above, at 6:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diphtheria, Pharyngeal & Laryngeal

10 D 9 A

(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (SECONDARY) Bronchopneumonia

Secondary (duration) — yrs. — mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1309 S. 13th

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 11-8-27

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) George H. Garrison, M. D

, 19 (Address) Isolation Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL California Mo. DATE OF BURIAL Nov 12, 1927

20. UNDERTAKER A. W. McLaughlin ADDRESS 1631 Missouri

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.

THIS IS A PERMANENT RECORD