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

Do not use this space.

11733

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 3581

City St Louis (No. Jewish Hospt. ..... St. ..... Ward)

2. FULL NAME Susan Rose Gruetzemacher

(a) Residence. No. Kinnswick Mo St., 12 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Hy. F. Gruetzemacher

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jany 17 — 1877

7. AGE: Years 51 | Months 2 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(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) Dayton Ohio

PARENTS
10. NAME OF FATHER Theodore Ross
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dayton Ohio
12. MAIDEN NAME OF MOTHER Sarah M. Whelan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Hamilton Ohio

14. INFORMANT Alace A. Ross
(Address) Dayton Ohio

15. FILED MAR 3[illegible] 1928 Mar. C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 — 29 — 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 22, 1928, to Mar 29, 1928 that I last saw her alive on Mar 29, 1928, and that death occurred, on the date stated above, at 1 35 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hepatitis, chronic
126 non alcoholic
128
124B (duration) 14 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cholelithiasis, pancreatitis
Chronic Nephritis, Pneumonia (terminal) Lobar (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 1010
DID AN OPERATION PRECEDE DEATH? yes DATE OF Mar. 22, 1928
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Ellis Fischel, M. D
, 19 (Address) 400 Metropolitan Bldg.

*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: Bellefountain Cemetery
DATE OF BURIAL: April 2 1928

20. UNDERTAKER: John G. Koch
ADDRESS: Fenton 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.