

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

Do not use this space.

35409

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 791
Primary Registration District No. 1-1007

File No. 10459
Registered No. 10459
St. Anthony's Ward

2. FULL NAME

(a) Residence. No. 2847 St. Vincent St., Ward. 13
(Usual place of abode)

(If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 31886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 7 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Jewelry 210M
(b) General nature of industry, business, or establishment in which employed (or employer) Salesman
(c) Name of employer

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

10. NAME OF FATHER Morris Gruenher

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

12. MAIDEN NAME OF MOTHER Kutner

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

14. INFORMANT J. W. Kemmer
(Address) Coroners Office

15. FILED 24 1928
REGISTRY

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 23 19 28

17. I HEREBY CERTIFY, That I attended deceased from 19... to 19... that I last saw h... alive on 19... and that death occurred on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shock & Injuries
Fractured Skull
Struck by Auto
St. Louis, Mo. (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Accident
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. W. Kemmer, M.D.
10/24/28 (Address) Dep. Coroner

*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 Mt. Sinai
DATE OF BURIAL 10/26 19 28

20. UNDERTAKER
Mayer
ADDRESS 4336
Lindell

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.

