

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

Do not use this space.

3724

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No., St. Ward)

File No.
Registered No. 825

2. FULL NAME

John Grubar
(a) Residence. 610, Alabama St., Ward.
(Usual place of abode) alt (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 yrs. - mos. 15 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 Paulina Grubar

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 21, 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
41 — 15

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Proprietor
(b) General nature of industry, business, or establishment in which employed (or employer). Soft Drink Parlor
(c) Name of employer Himself

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

10. NAME OF FATHER Martin Grubar

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Paulina Grubar
(Address) 690, Alabama

15. FILED 7 1927 May C. Parkley REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 5 1927

17. I HEREBY CERTIFY That I attended deceased from April 14, 1927 to January 5, 1927 that I last saw h. in alive on Jan. 5, 1927, and that death occurred, on the date stated above, at 11:45 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

1290 75B Pirrhosis of liver
(duration) yrs. 9 mos. — ds.

CONTRIBUTORY (SECONDARY) Chronic Alcoholism
(duration) yrs. 2 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED Not at place of death

DID AN OPERATION PRECEDE DEATH? No DATE OF 5

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Dropsy - General
(Signed) Julus Chas Ralte, M. D.
(Address) 7603 Cherokee St

*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 DATE OF BURIAL
Partlowson Conty. Jan. 8 1928

20. UNDERTAKER ADDRESS
C. Hoffmeister W. + L. Co. 7814 S. Bway

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.

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