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

Do not use this space.
7856

MAR 27 1929

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

1. PLACE OF DEATH
County St. Louis Registration District No. 189 File No.
Township Centrae Primary Registration District No. 6033 B Registered No. 51
City Wilston (No. 6404 Hobart Ave. St. Ward)

2. FULL NAME Darinda Gruner
(a) Residence. No. 6404 Hobart Ave. St. 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 13, 1863.

7. AGE: Years 65 | Months 11 | Days 25 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(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) New York

PARENTS
10. NAME OF FATHER James Hickerby
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER Don't Know.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) England

14. INFORMANT Mrs. Walter Mueller
(Address) 6404 Hobart Ave

15. FILED 2/9 1929 Della Bracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 7, 1929.

17. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1929, to Feb. 7, 1929, that I last saw her alive on Feb. 7, 1929, and that death occurred, on the date stated above, at 5:22 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
9380
97 G.B.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at place of death
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Emma Phelan, M. D.
2-8, 1929 (Address) 5321 Bartner

*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 Walhalla
DATE OF BURIAL 2-9 1929.

20. UNDERTAKER Jos. W. Clark
ADDRESS 1120 Hodiamont Ave.