

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

Do not use this space.

21248

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1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **4604**) **Cecil Place**

File No.....
Registered No. **6113**
St. Ward)

2. FULL NAME

Adolph Grumbach
(a) Residence. No. St. **2** 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 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 Caroline Grumbach		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26, 1866		
7. AGE	YEARS 63	MONTHS 10
	DAYS 27	If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired (b) General nature of industry, business, or establishment in which employed (or, employer) Farmer (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
PARENTS	10. NAME OF FATHER August Grumbach	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany	
	12. MAIDEN NAME OF MOTHER Amelia Diberts	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany	
14. INFORMANT Caroline Grumbach (Address) 4604 Cecil Pl.		
15. FILED May 23 1934 Max C. Stanley REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 23 1930**

17. I HEREBY CERTIFY, That I attended deceased from **about 1890** that I last saw him alive on **Jan 23 1930** and that death occurred, on the date stated above, at **10:05 p.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tumor Brain
54D non malignant
on April 11-1930
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **Renorrhage, cerebral**
about 5 months (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH DATE OF

20. WHAT TEST CONFIRMED DIAGNOSIS?
Examination
(Signed) **Dr. H. H. Messler** M. D.
1930 (Address) **Offton, Mo**

*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 St. Trinity Lutheran	DATE OF BURIAL 6/27 1930
20. UNDERTAKER W. Hoffmeister 11-16 N. Broadway	ADDRESS

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.

WRITE PLAIN

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