

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

Do not use this space.

42128

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....

City St. Louis (No. City Hospital)

File No. ....  
Registered No. 11254  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 1203 Grattan St., Ward. 24  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 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

6. IF MARRIED, WIDOWED, OR DIVORCED husband of Wm G. Gruber  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 2 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 2 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden 24

13. NAME Oscar Carlstrom

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

17. INFORMANT (ADDRESS) Hospital information

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Crematory DATE Dec 19 1932

19. UNDERTAKER (ADDRESS) A. W. McLaughlin

20. FILED DEC 19 1932 Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13th 1932 to Dec 17th 1932

I last saw her alive on Dec. 17th 1932 Death is said to have occurred on the date stated above, at 7:05 A.M.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia (7 lower) 100  
131  
122 B / 108

Other contributory causes of importance: Wernicke due to chronic nephritis

Name of operation..... Date of.....  
What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify.....

(Signed) J. J. Ralston M. D.  
(Address) City Hospital

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.

