

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

Do not use this space.

7462

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. 174193)

File No.....
Registered No. 1416
St. Ward)

2. FULL NAME: WILLIAM H GRUMICH

(a) Residence, No. 3929 Sherman Place 10 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 29th 1859</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>2</u>	DAYS <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Suggester</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Health Dept. City</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Aug Grumich

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

15. MAIDEN NAME Mary Boucher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Algoze Lorain

17. INFORMANT (ADDRESS) Fred Grumich 4007 N 11th

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Feb 11th 1933

19. UNDERTAKER (ADDRESS) Edward Koch of St. 3516 N 11th

20. FILED FEB 10 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/9/33

22. I HEREBY CERTIFY, That I attended deceased from 1/28/33 to 2/9/33, 19...
I last saw alive on 2/8/33, 19... Death is said to have occurred on the date stated above, at 7 A.

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

Acute Dilatation of Heart (Date of onset 2/6/33)
Chronic Myocarditis
Bunches Pneumonia 1/28/33

Other contributory causes of importance: 930

Name of operation none Date of

What test confirmed diagnosis Symptom Was there an autopsy no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? none 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 none

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Chas P. Mohr, M. D.

(Address) 3903 Hill Ave

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

