

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

Do not use this space.

10964

1. PLACE OF DEATH

County St. Louis
Township Central
City St. Louis (No. 6329)

Registration District No. 789
Primary Registration District No. 6033 B

File No. _____
Registered No. 63 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 6329 Ridge 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. L. Gruesz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-26-1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 10 16

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

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

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) Lincoln Mo.

13. NAME Joseph Duesberger

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

15. MAIDEN NAME Marie Duesberger

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

17. INFORMANT Wm. L. Gruesz (ADDRESS) 6329 Ridge

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE 3-9- 1933

19. UNDERTAKER St. Charles (ADDRESS) 4600 Natural Bridge St.

20. FILED 3-5- 1933 John E. Barry, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-6- 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb-19- 1933, to Mar-6- 1933

I last saw him alive on 3-6- 1933 Death is said to have occurred on the date stated above, at 10.10 a.m.

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

59 Diabetes
98
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Other contributory causes of importance: gangrene left foot

Name of operation _____ Date of _____
What test confirmed diagnosis? hemodialysis Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1933

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) M. D. Hawkes, M. D.
(Address) 1506 Northwood

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.

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APR 28 1933

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