

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.

MAY 25 1934

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

Do not use this space.
File No. 13991
Registered No. 67

1. PLACE OF DEATH

County St Charles Registration District No. 757
Township _____ Primary Registration District No. 3036
City St Charles (No. 130) Jefferson St. _____ Ward _____

2. FULL NAME

Catherine Gruell
(a) Residence, No. 130 Jefferson St., _____ Ward _____ (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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John H Gruell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 11-1854</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>0</u>
	DAYS <u>19</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>At Home</u>	
	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) St Louis
(STATE OR COUNTRY) Mo

13. NAME Louis Reulfsing

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

15. MAIDEN NAME Wilhelmina Reizer

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

17. INFORMANT Alfred Gruell
(ADDRESS) St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Suburban Ave DATE May 4 1934

19. UNDERTAKER H. S. Callaway & Son
(ADDRESS) 800 2nd St

20. FILED 5/4 1934 Clarence B. Hessler
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1934 to April 30, 1934.
I last saw him alive on Apr. 30, 1934. Death is said to have occurred on the date stated above, at 6:20 P.M.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Chronic Nephritis
131
27
Other contributory causes of importance:
15
11

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? No
If so, specify _____
(Signed) Joseph Rios M. D.
(Address) St Charles Mo

