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.

1. PLACE OF DEATH
County St Louis — Registration District No. 790 — File No. 14142
Township Central — Primary Registration District No. 6033 — Registered No. 101
City Clayton (No. 221 So. Meramec St. Ward)

2. FULL NAME John Hy. Grueninger
(a) Residence, No. Clayton, Mo. 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: 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: Nellie May Grueninger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7-6-1871

7. AGE: 62 YEARS — MONTHS: 9 — DAYS: 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Police Chief
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): Mo

FATHER
13. NAME: John Grueninger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Henrietta Buettner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Mrs N. M. Grueninger, 221 So Meramec

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Paul Evang DATE 4-9-1934

19. UNDERTAKER (ADDRESS): Louis H. Dopp, Kirkwood Mo

20. FILED 4/6 1934 Robert J. Amhrust, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4/6/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/10/29, 19, to 4/6/34, 19
I last saw him alive on 4/5/34, 19. Death is said to have occurred on the date stated above, at 10:45AM
The principal cause of death and related causes of importance were as follows:

Chr. diabetes melitis, Chr. parenchymatous, nephritis, Chr. hypertension, Chr. arterio scleroris. Chr. myocarditis, Chr. endocarditis, mitral insufficiency. — Date of onset: 5 yrs.

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Other contributory causes of importance:
Block heart, general anasarca, complete cardiac decompensation, uremia, uremic coma. — 6mo

Name of operation: --- Date of
What test confirmed diagnosis? Lab. and clinical Was there an autopsy? mo

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) Luke B. Tiernon, M. D.
(Address) 3718 Jennings, Md.