

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

Do not use this space.

NOV 22 1934

1. PLACE OF DEATH

County St. Louis
Township Centre
City West W. 1st - Maple (No. 5519)

Registration District No. 6033
Primary Registration District No. Hamilton Ave.

File No. 37232
Registered No. 292076
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5519 Hamilton Ave. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Gruber (Schuler)</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 15 - 1866</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>11</u>	DAYS <u>0</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Brewer</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) (STATE OR COUNTRY)
Germany

13. NAME
Michael Gruber

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

15. MAIDEN NAME
Not known

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

17. INFORMANT
Mrs. Anna Gruber
(ADDRESS) 5519 Hamilton Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Oct. 18 1934

19. UNDERTAKER
Math. Hermann & Son
(ADDRESS) 261 Cent. Fabr. Co.

20. FILED
W. Boehmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 15 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-16-1934 to 10-15-1934

I last saw him alive on 10-15-1934 Death is said

to have occurred on the date stated above, at 11:30 A.M.

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

Coronary atherosclerosis
Chronic myocarditis

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis autopsy Was there an autopsy? Yes

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) W. E. Taylor, M.D.

(Address) 6697 Madison 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.

