

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

Do not use this space.

1. PLACE OF DEATH
 County Jackson 'JAN 7 1935 Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. Research Hospital) St. St. Louis (Ward)

File No. 43166
 Registered No. 5550

2. FULL NAME Wallace Elmer Grube
 (a) Residence, No. 4122 Warwick Boulevard St. St. Louis Ward. 10
 (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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella McBride Grube
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 20, 1861
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
73 2 4

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Retired
 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) Pennsylvania

13. NAME George Grube

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

15. MAIDEN NAME Catherine Varner

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

17. INFORMANT Wallace E. Grube (ADDRESS) 3409 East 45th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Marshall No DATE 12/26/34

19. UNDERTAKER Stueb & McChubb (ADDRESS) 3235 Gillham Plaza

20. FILED 12/26 1934 M. M. Conrad Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 24 19 34

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1934 to Dec 24 1934
 I last saw him alive on Dec 24 1934 Death is said to have occurred on the date stated above, at P. 10:30 m.

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

Pulmonary Embolism
Myocarditis Chronic
Arterio Sclerosis Advanced
Prostatic Obstruction - Benign Hypertrophy
Trans Urethral Prostetic Resection

Other contributory causes of importance:

Name of operation Trans Urethral Prostetic Resection Date of 12/15/34
 What test confirmed diagnosis? Laboratory 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?
 If so, specify

(Signed) R. Lee Hoffman M. D.
 (Address) 1019 Poplarwood Bldg

WHITE 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.

