

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

Do not use this space.

FEB 21 1935

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1003

3092

1. PLACE OF DEATH

County..... Registration District No.
Township..... Primary Registration District No.
City St. Louis, (No. 5964 Kennerly Ave.), St. Ward) 327

2. FULL NAME August Gruenschlag,

(a) Residence, No. 5964 Kennerly Ave., St. 6 Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Christina Gruenschlag

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 3, 1862.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 5 6

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

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 John Grueschlag

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

15. MAIDEN NAME Henrietta Fuehrer

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

17. INFORMANT Mrs. Wm. Grace, (ADDRESS) 5964 Kennerly Ave.,

18. BURIAL, CREMATION, OR REMOVAL Memorial Park Cem. DATE Jan. 12, 1935

19. UNDERTAKER Jos. W. Clark, (ADDRESS) 1125 Hodiarnont Ave.

20. FILED 10 1935 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1935, to Jan 9 1935.
I last saw him alive on Jan 9 1935. Death is said to have occurred on the date stated above, at 12.45 P.M.

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

Bronchial Pneumonia

Date of onset

Other contributory causes of importance:

Chronic Myocarditis

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?
If so, specify.....
(Signed) James H. Hiker, M. D.
(Address) 11492 Hodiarnont

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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