

WRITE CLEARLY, 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.

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

Do not use this space.

FEB 2 1 1935

3190

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis.** (No. **City Hospital.**) St. Ward)

File No.
 Registered No. **482**

2. FULL NAME Mary Curry Gruver.

(a) Residence, No. 1213 Carroll St. St. 23 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 Femal	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 William Gruver.		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1867.		
7. AGE	YEARS 67	MONTHS 7
	DAYS 2	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home.	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 12 1935
 22. I HEREBY CERTIFY That I attended deceased from 12-24 1934 to 1-12 1935
 I last saw h. or a. alive on 1-12 1935. Death is said to have occurred on the date stated above, 12:45 A.M.

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

Carcinoma of Stomach
Chronic Myocarditis

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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) W. H. McCann, M. D.
 (Address) City Hosp. N. D. I

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois.
	13. NAME Unknown. Curry
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England.
	15. MAIDEN NAME Unknown.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois.	
17. INFORMANT (ADDRESS) William Gruver. 1213 Carroll St.	
18. BURIAL, CREMATION, OR REMOVAL PLACE Lakewood Park. DATE Jan, 14 19 <u>35</u>	
19. UNDERTAKER (ADDRESS) G. W. McLaughlin 2301 Lafayette Ave	
20. FILED 13 19 <u>35</u> BY J. P. Bredeck Registrar.	

