

APR 9 1935

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City *St Louis* (No. *5112 Lexington*)

File No. **11307**  
Registered No. **2965**  
St. .... Ward

2. FULL NAME *Bert S. Grue*

(a) Residence, No. *5112 Lexington St.*, *6* Ward. (If nonresident, give city or town and State)  
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Jennie Grue</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 7, 1879</i>		
7. AGE YEARS <i>58</i>	MONTHS <i>8</i>	DAYS <i>23</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Salesman for</i>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Drugs</i>		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Canada</i>		
13. NAME <i>James B. Grue</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Penn</i>		
15. MAIDEN NAME <i>Sarah Bleckstone</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Penn</i>		
17. INFORMANT <i>Jennie Grue</i> (ADDRESS) <i>5112 Lexington</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Hallsboro</i> DATE <i>April 1, 1935</i>		
19. UNDERTAKER <i>Day Leiden &amp; Co</i> (ADDRESS) <i>1417 N. Market</i>		
20. FILED <i>418 30 1935</i> <i>J. Bredet</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 9, 1935*

22. I HEREBY CERTIFY, That I attended deceased from *Mar 2 - 1935*, to *Mar 30 - 1935*

I last saw him alive on *Mar 30 - 1935*. Death is said to have occurred on the date stated above, at *5 a* m.

The principal cause of death and related causes of importance were as follows:  
*Carcinoma of Cervical Vertebra*

Date of onset *about 1 year*

Other contributory causes of importance: **53**

Name of operation *Removal of Bladder* Date of *Dec 22, 33*

What test confirmed diagnosis? *microscopic* (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 *no*

(Signed) *C. S. O'Connor*, M. D.  
(Address) *1816 A N. Grand*

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.

