

DEC 12 1935

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

Do not use this space.

37502

## 1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **003**

City.....

St. Louis (No. **St. John's Hosp.**)

File No. ....

**9469**

Registered No. ....

St. ....

Ward) .....

## 2. FULL NAME

(a) Residence, No. ....

(Usual place of abode)

St. ....

Ward. ....

Cave Court, Mo. ....

(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 <i>Female</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>Fred Gruenewald</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 31-1857</i>				
7. AGE	YEARS <i>78</i>	MONTHS <i>5</i>	DAYS <i>9</i>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .... <i>Housewife</i>			
	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) <i>St. Louis Mo</i>				
FATHER	13. NAME <i>John L. ...</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>			
MOTHER	15. MAIDEN NAME <i>Unknown</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>			
17. INFORMANT <i>Fred Gruenewald</i> (ADDRESS) <i>Cave Court, Mo.</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Paul's ...</i> DATE <i>11-13-1935</i>				
19. UNDERTAKER <i>Funeral Home Inc., Overland, Mo.</i> (ADDRESS) <i>J. J. ...</i>				
20. FILED <i>12 1935</i> 19 <i>J. J. ...</i> NOV 12 1935 Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <i>Nov. 9 - 1935</i>	
22. I HEREBY CERTIFY, That I attended deceased from <i>10/29</i> , 1935, to <i>11/9</i> , 1935.	
I last saw her alive on <i>11/9</i> , 1935. Death is said to have occurred on the date stated above, at <i>7:15 P.M.</i>	
The principal cause of death and related causes of importance were as follows: <i>Sepsis - leg infection caused by varicose ulcer</i>	
Other contributory causes of importance: <i>Chr. myocarditis Hyperthermia</i>	
Name of operation <i>decsion &amp; drainage</i>	Date of <i>11/8/35</i>
What test confirmed diagnosis? .....	
Was there an autopsy? <i>no</i>	
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 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? <i>no</i>	
If so, specify .....	
(Signed) <i>J. J. ...</i>	M. D.
(Address) <i>Clayton Mo</i>	

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.

Information furnished by this office is to be used for the purpose stated and is not to be disseminated outside the agency to which furnished. This information is to be kept confidential and is not to be used for any other purpose without the express written consent of the originating agency.

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99. [Illegible text]

100. [Illegible text]

PHYSICIAN. OCCUPATION