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.

JAN 29 1937

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

Do not use this space.

42424

1. PLACE OF DEATH
County St. Louis — Registration District No. 789
Township Normandy Central — Primary Registration District No. 6033
City Normandy (No. 6825 NAT'L BRIDGE RD. St. Ward)

File No.
Registered No. 325

2. FULL NAME M. HELENA VON GRUBEN
(a) Residence, No. 4215A MAFFITT AVE. St., Ward. St Louis City, Mo
(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: FEMALE
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: CHAS. VON GRUBEN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): OCT. 4, 1876

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
60	1	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: HOUSE WIFE
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): ST. LOUIS, MO.

FATHER
13. NAME: BERNARD POST
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY

MOTHER
15. MAIDEN NAME: ANNA HELD
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY

17. INFORMANT (ADDRESS): CHAS. VON GRUBEN, 4215A MAFFITT AVE

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS. PETER-PAUL'S DATE NOV. 17, 1936

19. UNDERTAKER (ADDRESS): Goodhart & Goodhart, 2228 N. Louis ave

20. FILED 11-14- 1936 H A Boekmer, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13th, 1936, to Nov. 13th, 1936
I last saw her alive on Nov. 12th, 1936. Death is said to have occurred on the date stated above, at 4 15 P m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Chr. arteriosclerosis; Chr. interstitial nephritis; Chr. hypertension; cerebral apoloexy, causing hemaplega bi-lateral. Senile dementia; extreme obesity,

~~Other contributory causes of importance~~

with generalized bowel and bladder incontenance. Confined to home of incurables.
Sec; Uremia; uremic coma.

Name of operation Date of
What test confirmed diagnosis? cli. 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) Luke B Tiernan, M. D.
(Address) 3718 Jennings Rd.
11/14/36