

NOV 23 1937

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

Do not use this space.

38855

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City St. Louis, Mo.

Registration District No. 1123
Primary Registration District No. 6248 E
No. 700 St. Rose Sanitarium

File No. _____
Registered No. 428
St. _____ Ward _____

2. FULL NAME

John A. Gruschkow
(a) Residence, No. St. Charles, Mo. St. _____ Ward St. Charles, 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 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 Hete Gruschkow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16-1898

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
39 7 11

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Farmer

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) July 1937 11. Total time (years) spent in this occupation 2 yrs

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

13. NAME William Gruschkow

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

15. MAIDEN NAME Anna Detter

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

17. INFORMANT Hete Gruschkow (ADDRESS) St. Charles, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Detroit Mich. DATE Oct. 31 1937

19. UNDERTAKER Albert H. Hoyer (ADDRESS) 429 N. Mitchell Ave.

20. FILED Oct. 25 1937 G. Mowrey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 28 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 7 1937, to Oct. 27 1937

I last saw him alive on Oct. 27 1937. Death is said

to have occurred on the date stated above, at 8:50 A.M.

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

Pulmonary Tuberculosis Date of onset August 1937
Miliary spread in lungs

Other contributory causes of importance: None

Toxic Myocarditis Oct 1937

Name of operation None Date of None

What test confirmed diagnosis? Exam X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury None

Where did injury occur? None

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Probable underlying disease

(Signed) John J. Burch Registrar, M. D.

(Address) 700 St. Rose Sanitarium

St. Louis Mo.

Every item of information should be carefully supplied. AOB 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.

MAY 12 1942