JAN 18 1938

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

Do not use this space.

1. PLACE OF DEATH
County Franklin
Township Central
City St Clair Mo. (No. ..... St. ..... Ward)

Registration District No. 294
Primary Registration District No. 5409B

File No. 45286
Registered No. .....

2. FULL NAME Emma L. Gruss
(a) Residence, No. ..... St., ... 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 F
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Joseph Gruss (Dec)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5 1874
7. AGE YEARS 63 MONTHS 0 DAYS 13 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. .....
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 Fredrick Brueggemann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington

MOTHER
15. MAIDEN NAME Louise Hoelscher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Mo

17. INFORMANT (ADDRESS) Claire Gruss St Clair Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mo St Joseph Cem DATE Dec 21 1937
19. UNDERTAKER (ADDRESS) E. H. Temme Beaufort Mo
20. FILED Dec 27, 1937 W H Duckworth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18, 1937
22. I HEREBY CERTIFY, That I attended deceased from 10/2 —, 1937, to Dec. 18, 1937
I last saw her alive on Oct 2 —, 1937. Death is said to have occurred on the date stated above, at 3:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	?

Other contributory causes of importance: 4 to

Name of operation Abdominal Date of 10/4/37
What test confirmed diagnosis? Clinical 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? No
If so, specify .....
(Signed) W. E. Kitchell, M. D.
(Address) St Clair Mo

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.