

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

8966
Do not use this space.

REC'D APR 7 1938

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St Louis** (d) Street No. **Christian Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Gustav Gruetzemacher 632**

(a) Residence, No. **2156 Farrar St** St. **20** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widowed**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Theresa Gruetzemacher**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar 15 1865**
 7. AGE Years **73** MONTHS **73** DAYS **1** If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Stone Contractor**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar 16 1938** 19
 22. I HEREBY CERTIFY, That I attended deceased from **Feb 10th 1937** to **March 16th 1938**
 I last saw him alive on **March 1st 1938** Death is said to have occurred on the date stated above, at **12:10 A M**
 The principal cause of death and related causes of importance were as follows:

Myocarditis Chronic
with arteriosclerosis
93C
 Other contributory causes of importance:
when first seen Feb 1937, signed for post-mortem, ribs - curved, fall in his house.
 Name of operation **none** Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

12. BIRTHPLACE (CITY OR TOWN) **St Louis Mo**
 (STATE OR COUNTRY)

FATHER 13. NAME **Henry Gruetzemacher**

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

MOTHER 15. MAIDEN NAME **Charlotte (Unknown)**

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

17. INFORMANT (ADDRESS) **Gustav H. Gruetzemacher Jr. 4418 Elmbank Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Bethlehem Cem** DATE **Mar 18 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Beiderwieden Funeral Home Inc 1936 St Louis Ave**

20. FILED **MAR 17 1938** **J. F. Breda** Local Registrar

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. J. McCall** M. D.
 (Address) **2806 Holly - St Louis 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.

