

OCT 4 1938

REC'D OCT 6 1938

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

33301  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
(b) Township Meramec Primary Registration District No. 200  
(c) City Pond (d) Street No. Pond, Mo. Registered No. 1602  
(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.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

Charles Von Gruben, 615  
(a) Residence, No. Glencoe, Mo. R. #1. St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Juliana Von Gruben,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
76 10 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. Own farm,  
10. Date deceased last worked at this occupation (month and year) Oct. 3, 1938 11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pond, Mo.

FATHER 13. NAME August Von Gruben,

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

MOTHER 15. MAIDEN NAME Christine Heibecker,

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

17. INFORMANT (ADDRESS) Juliana Von Gruben  
Glencoe, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pond, Mo. DATE Oct. 7, 1938  
Bethel Cem.

19. FUNERAL DIRECTOR (ADDRESS) Behrader Funeral Home  
Badlym, Mo.

20. FILED OCT 4 1938  
J.R. Meyer, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 11.30PM

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

Chronic myocarditis  
Coronary occlusion  
Other contributory causes of importance: None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_ NO  
What test confirmed diagnosis? history 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) John J. Smith, M. D.  
Physician of St. Louis County

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.

STATEMENT BY LICENSED EMBALMER

I, Theo. Schrader, Licensed Embalmer No. 3066

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E. Theo. Schrader

No. 3066 or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Theo. Schrader

Licensed Embalmer No. 3066

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)