

REC'D MAR 13 1939

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

5157  
Do not use this space.  
1850

1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No..... Registered No.....  
(c) City..... Saint Louis, Missouri (d) Street No. St. Johns 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 Gustave Gruner

(a) Residence, No. 2323 Woodson Rd. Overland Mo. St. NR  
(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 Margarata Gruner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10th, 1886.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
52 9 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Setelein Welder.  
9. Industry or business in which work was done, as 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) Germany

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Margarata Gruner  
(ADDRESS) 2323 Woodson Rd. Overland Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Park DATE February 28, 1939

19. FUNERAL DIRECTOR (NAME) Ziegler Bros.  
(ADDRESS) 2523 Cherokee Street.

20. FILE FEB 27 1939 J. B. Brulech  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 24, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1939 to Feb 24, 1939  
I last saw h. in alive on Feb 24, 1939 Death is said to have occurred on the date stated above, at 6:15 P.M.  
The principal cause of death and related causes of importance were as follows:

Neurophage of Brain  
Non-traumatic  
82a  
Date of onset  
Other contributory causes of importance:

Name of operation none Date of.....  
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?.....  
If so, specify.....  
(Signed) R. S. [Signature] M. D.  
(Address) 2901 [Address]

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

Vearl E. Morris. .....

, or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed .....

*V E Morris*

Licensed Embalmer No. 3360 .....

P. O. Address 2623 Cherokee Street. ..

**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.)**

**If this body is not embalmed, above space should be left blank.**