

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

18 1939 REC'D MAR 9 1939

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

7863
Do not use this space.

1. PLACE OF DEATH
(a) County St Louis Registration District No. 784
(b) Township..... Primary Registration District No. 2nd Registered No. 288
(c) City West Walnut Manor (d) Street No..... 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 Hugo William Gruebel
(a) Residence, No. 5544 Hamilton Ave West Walnut Manor St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Catharine Gruebel

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..... m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7 1886

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 8 10

Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. W P A
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

John J. Schreier
94 B
Other contributory causes of importance:

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

FATHER 13. NAME Edward Gruebel

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 Annie Gruebel
(ADDRESS) 5544 Hamilton Ave

Name of operation..... Date of.....
What test confirmed diagnosis..... Was there an autopsy? yes

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.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bechtelheim DATE July 20 1939

Manner of injury.....
Nature of injury.....

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

24. Was disease or injury in any way related to occupation of deceased? No
If specify.....
(Signed) John J. Schreier M. D.
(Address) Lawrence S. Jones Co.

20. FILED FEB 18 1939 J. R. Meyer Local Registrar.

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, _____

or by Lorou Perry

Registered Apprentice No. 141, working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 2737

P. O. Address 1936 G. Lane

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

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