REC'D APR 12 1939

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

8536
Do not use this space.

791

1. PLACE OF DEATH
(a) County 2 Registration District No. 1003
(b) Township 1 Primary Registration District No. Registered No. 2301
(c) City St. Louis Mo. (d) Street No. 2514 Montgomery St. 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.

620

2. PRINT FULL NAME Charles H. Gruss
(a) Residence, No. 2514 Montgomery St. St. 20
(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 Catherine Gruss

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 23 1869

7. AGE: Years 69 | Months 11 | Days 15 | If LESS than 1 day, ....hrs. or ....min.

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.
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. 0

FATHER
13. NAME Henry Gruss 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER
15. MAIDEN NAME Catherine - Germany
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. Charles Gruss 2514 Montgomery St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cemetery DATE Mar 11 1939, 19

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

20. FILED MAR 11 1939 J. F. Bredeck Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1939, to March 8, 1939
I last saw him alive on March 8, 1939 Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| hemiplegia - right | 1 mo. |

Other contributory causes of importance:

| | |
|---|---|
| general arteriosclerosis | 1 yr |
| Chronic nephritis | 1 yr |

Name of operation Date of
What test confirmed diagnosis? lab. 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) Arthur Gundlach M. D.
(Address) 2202 University Street

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PLANET, WITH UNFADING INKLETTING IS A PERMANENT RECORD

X14028

## 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 Loron Percy,

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

Signed _____

Licensed Embalmer No. 2737

P. O. Address 1926 N. Jones Ave.

**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.**