

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

17334
 Do not use this space.

REC'D JUN 12 1939

1. PLACE OF DEATH

(a) County St. Louis, Mo. Registration District No. 791
 (b) Township St. Louis, Mo. Primary Registration District No. 1008
 (c) City St. Louis, Mo. (d) Street No. Jewish Hospital Registered No. 4868
 (e) Length of residence in city or town where death occurred 60 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mathilde Gruner

(a) Residence, No. 75 Aberdeen Place St. Clayton Mo
 (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 Female 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 Philip Gruner
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16, 1853
 7. AGE YEARS 86 MONTHS 1 DAYS 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 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) Freeland,
 (STATE OR COUNTRY) Michigan

13. NAME Wm. Seyffardt

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

15. MAIDEN NAME Sophie Frank

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

17. INFORMANT W. P. Gruner
 (ADDRESS) No. 3, Aberdeen Place

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Bellefontaine DATE May 30, 1939

19. FUNERAL DIRECTOR (NAME) Alexander & Sons
 (ADDRESS) 6175 Delmar Blvd.

20. FILED MAY 29 1939 J. B. Brubaker
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1939
 22. I HEREBY CERTIFY, That I attended deceased from May 22, 1935, to May 28, 1939
 I last saw him alive on May 27, 1939. Death is said to have occurred on the date stated above, at 5 a.m.
 The principal cause of death and related causes of importance were as follows:

Coronary occlusion
Cerebral embolus

Date of onset 5/22/39
5/24/39

Other contributory causes of importance:

Name of operation none Date of
 What test confirmed diagnosis? Phys. Ex. 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) Samuel M. Grant, M. D.
 (Address) 114 N. Taylor

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 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 OF GENERAL EMBALMER
CERTIFICATE OF EMBALMING
STATE OF ILLINOIS

114 N. Campbell Ave.
1455

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,

jos. e. McCulloch

, or by

Registered Apprentice No., working under my personal supervision.

Signed *jos. e. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *675 DePaul*
Chicago, Ill.

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

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