

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40801

State File No. \_\_\_\_\_

Registration District No. 784

Primary Registration District No. 109

Registrar's No. 2017

DEC 12 1939

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood

(c) Name of hospital or institution: 2800 Barthold

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Maplewood

(d) Street No. 2800 Barthold

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Henry T. Gruener

8. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15

year 1939 hour 5 minute 45 P. M.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Emilie Gruener

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 27, 1856

21. I hereby certify that I attended the deceased from Nov 12, 1939, to Nov 15, 1939

that I last saw him alive on Nov 15, 1939 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>7</u>	<u>18</u>	hr. _____ min. _____

Immediate cause of death

Coronary Thrombosis

acute dilatation of heart.

Due to \_\_\_\_\_

Duration 2 days

9. Birthplace Germany

(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

Due to Arterio Sclerosis

Due to Smoking

Other conditions Chr. Cardio Vasc. Disease

(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

12. Name Unknown

13. Birthplace Germany

(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany

(City, town, or county) (State or foreign country)

Major findings: Of operations

Of autopsy

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Martha C. Karte

(b) Address 2800 Barthold

17. (a) Burial (b) Date thereof Nov. 18, 1939

(c) Place: burial or cremation Zion Cem.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) NOV 18 1939 (b) [Signature]

(Date received local registrar) (Registrar's signature)

While at work?  (Specify type of place) \_\_\_\_\_

(c) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address 6125 Belmont Date signed 11/17/39

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.

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**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*H. E. Burgess*

Licensed Embalmer No.....

*4029*

P. O. Address.....

*Maplewood*

**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.**