

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 786

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis University  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 35 Years  
In this community 35 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 221 N. Grand Blvd.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 35 Years years.

3. (a) PRINT FULL NAME Rev. Hubert Gruender, S.J.

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced S.

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

7. Birth date of deceased Nov. 3, 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 1 22 hr. min

9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Catholic Priest

11. Industry or business  
12. Name August Gruender

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Ledwing Gärdermann

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Kader Münster

(b) Address 221 N. Grand Blvd.

17. (a) Burial (b) Date thereof 1-27-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Florissant, Mo.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) JAN 26 1940  
(Date of local registration)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25th.,  
year 1940 hour 2 minute 30 p. M.

21. I hereby certify that I attended the deceased from Oct. 1 - 1939 to Jan 25, 1940  
that I last saw him alive on Jan. 24 - 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Stimulation Duration \_\_\_\_\_

Due to chronic myocarditis 4 months

Due to cardio-vascular disease with hypertension 4 years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_ (City or town) (County) (State)

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

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

28. Signature W. Ruedonck (M. D. or other) \_\_\_\_\_  
Address 4396 W Pine Bl Date signed 1-26-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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 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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Rindell Blvd

**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.**