No. 2
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7-39
X21

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13104

REC'D MAY 15 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3306

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:
De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Richmond Heights, Mo. NR
(If outside city or town limits write "RURAL")

(d) Street No. 1114 Yale Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME FRANK J. GRUTSCH 132

3. (b) If veteran, name war

3. (c) Social Security No. 490-03-7135

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Eva May Grutsch

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Apr. (Month) 1, (Day) 1875 (Year)

8. AGE: Years 65 Months - Days 8 If less than one day hr. min.

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

10. Usual occupation Executive - Salesman

11. Industry or business Concrete Products Company

FATHER
12. Name Dominic Grutsch
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Annie M. Thielen
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Eva May Grutsch (wife)
(b) Address 1114 Yale Ave. Richmond Heights,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 12, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director M. J. Coughlan
(b) Address 7146 Manchester Ave.

19. (a) APR 10 1940 (Date received by local registrar) (b) J. F. Goldbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9 year 1940 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from March 11, 1940 to April 9, 1940 and that death occurred on the date and hour stated above.

that I last saw him alive on April 9, 1940

Immediate cause of death Coronary occlusion with auricular fibrillation — Duration: 4 days

Due to Left lobar pneumonia with pleurisy (Type unknown)

Due to Acute Glomerulo-nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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) none

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Everett J. Javaux (M. D. or other)

Address 607 No. Hand Blvd Date signed 4-10-40

(Licensed Embalmer's Statement on Reverse Side)

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: Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address: 7146 Manchester 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.