No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED SEP 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29408

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1678

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Bel Nor
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8239 Glen Echo Dr. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96
(c) City or town Bel Nor 0
(If outside city or town limits, write "RURAL")
(d) Street No. 8239 Glen Echo Dr. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes name country

3. (a) PRINT FULL NAME Gustav H. Gruetzemacher Jr
3. (b) If veteran, name war
3. (c) Social Security No. 487-26-2261
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Mabelle Gruetzemacher
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Jan. 7 (Month) 1889 (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	52	7	1	hr. min.

9. Birthplace St. Louis (City, town, or county) 0 Mo. (State or foreign country)
10. Usual occupation Civil Engineer
11. Industry or business
FATHER
12. Name Gustav Gruetzemacher Sr
13. Birthplace St. Louis (City, town, or county) 0 Mo. (State or foreign country)
MOTHER
14. Maiden name Thresa Kufmann
15. Birthplace / Ill (City, town, or county) (State or foreign country)
16. (a) Informant Mabelle Gruetzemacher
(b) Address 8239 Glen Echo Dr.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-11-41 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cem.
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) AUG 11 1941 (Date received local registrar) (b) E. D. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 8
year 1941 hour 5 minute 15 P.M.
21. I hereby certify that I attended the deceased from July, 1940, to Aug 8, 1941;
that I last saw him alive on 8-8-, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	2 hours
Due to	
Due to 94a	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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)
(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 G J Fuchs (M. D. ~~or other~~) 0
Address 6651 Enright Date signed 8-9-41

(Licensed Embalmer's Statement on Reverse Side)

SEP 9 1941

665N Enright
3-4 P.M.

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 Albert R Thompson

Licensed Embalmer No. 4237

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.