

FILED APR 13 1942 791

State File No. _____
Registrar's No. 2807

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12. 000
(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 17
782
(d) Street No. 782 Aubert Ave., (If rural, give location) 9
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27th
year 1942 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from March 18 to March 26, 1942
that I last saw him alive on March 26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Regurgitation

Duration

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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)
(b) Means of injury _____
23. Signature J. F. Bredeck (M. D. or other) med
Address 1446 S. Grand Date signed Mar 27 1942

3. (a) PRINT FULL NAME Henry Gruen

3. (b) If veteran, name war _____ 3. (c) Social Security No. 498-05-420

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nettie 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased March 13th, 1885. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 0 13 hr. _____ min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Bartender

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Gruen if
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Sophie Rettig if
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Nettie Gruen
(b) Address 782 Aubert Ave.,

17. (a) Burial (b) Date thereof 3/30/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marys Cem

18. (a) Signature of funeral director John Ziegenhagen
(b) Address 7027 Gravois Ave.,

19. (a) MAR 30 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

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

00
17
9

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.....

C. P. Kildive

Licensed Embalmer No. *3877*

P. O. Address *7027 Gravois*

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, fact should be so stated above.