V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL. 23 1942 G. I. Ingham

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20973

State File No.

Registration District No. 213 Primary Registration District No. 3014 Registrar's No. 169

26
5
4

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City, Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 60 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26 5

(c) City or town Jefferson City, Mo 4 (If outside city or town limits, write "RURAL")

(d) Street No. 215 Cherry Street (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mrs. Margaret C. Gruber

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Adam Gruber

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

7. Birth date of deceased January (Month) 20 (Day) 1851 (Year)

8. AGE: Years 91 Months 5 Days 12 If less than one day hr. min.

9. Birthplace Essen, Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Conrad Deitz
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Catherine (Not known
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant [signature]

(b) Address Jefferson City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July-5-1942 (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Thorp J. Gordon

(b) Address Jefferson City, Missouri

19. (a) 7-3-42 (Date received local registrar) (b) Thomas Richter (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1942 hour 4 minute a. M.

21. I hereby certify that I attended the deceased from June 1, 1942 to July 3, 1942 that I last saw her alive on July 2, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis — Duration 8 yrs

Due to Chronic Pancharymatous Nephritis — 2 yrs

Due to Arteriosclerosis — 10 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

131 b

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 0

23. Signature D. W. Gillham (M. D. or other)

Address Jefferson City Mo Date signed 7-3-42

(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 Thomas J. Gordon

Licensed Embalmer No. 1786

P.O. Address Jefferson City Mo

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.