

FILED NOV 23 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9638**

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

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. John's Hosp. 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.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County.....
 (c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No..... **4284 Penrose St.**
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Esther M. Gruner**
3. (b) If veteran, name war..... **3. (c) Social Security** No.....

4. Sex **Female** **5. Color or race** **White** **6. (a) Single, widowed, married,** **Married**
divorced
6. (b) Name of husband or wife **Paul Gruner** **6. (c) Age of husband or wife if** **30**
alive **years**
7. Birth date of deceased **May 1 1912**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	30	6	17hr.min.

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

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER

12. Name **Joseph Niehoff**
13. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Neu**
15. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Paul Gruner**
(b) Address **4284 Penrose St.**

17. (a) Burial **(b) Date thereof** **11-20-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Stroot-Carroll**
(b) Address **4600 Natural Bridge Ave.**

19. (a) NOV 19 1942 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **18**
 year **1942** hour **3** minute **30** **A** M.

21. I hereby certify that I attended the deceased from **April 6, 1942**
 to **Nov 18, 1942**
 that I last saw her alive on **Nov 18, 1942**
 and that death occurred on the date and hour stated above.

Immediate cause of death
Cardiophylactic Shock
Oedema of Lungs
 Due to **following child birth**
 Due to.....
 Other conditions.....
(include pregnancy within 3 months of death)
11/9/42
 Major findings:
 Of operations.....
 Of autopsy **Oedema of both Lungs**

Duration
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) (Means of injury)

23. Signature **J. F. Brudeck** (M. D. or other) **MB**
Address **4111 3rd & Theobald** Date signed.....

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 *Sheldon Collier*

Licensed Embalmer No. *3382*

P. O. Address.....

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.