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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 4 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 316

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 978

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

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: 3522 No. Jefferson 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17 90

(c) City or town St. Louis 9 (If outside city or town limits, write "RURAL")

(d) Street No. 3522 No. Jefferson (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME John Grutzmacher

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Elizebeth Grutzmacher

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Jan. 3. (Month) 1868 (Day) (Year)

8. AGE: Years 74 Months 0 Days 25 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business SHOE WORKER

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

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant Elizebth Grutzmacher
(b) Address 3522 No Jefferson

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetary

18. (a) Signature of funeral director Meek & Dickman
(b) Address 4355 Washington Ave

19. (a) JAN 30 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28 year 1943 hour 3 minute 15 P M.

21. I hereby certify that I attended the deceased from Jan 15, 1943, to Jan 28, 1943, that I last saw him alive on Jan 28, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A H Dewing (M. D. or other) M-D

Address 2342 St Louis Ave Date signed 1/29/43

(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 Frank Prokopf, Registered Apprentice No. 339, working under my personal supervision.

Signed William Hirons

Licensed Embalmer No. 4319

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.