

19757

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUN 23 1944

318

Primary Registration District No. 1003

Registrar's No. 5472

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:  
Deaconess Hospital  
(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 0 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. 3227 Harper St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Minnie Gruer

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Fred Gruer 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 25, 1855.  
(Month) (Day) (Year)

8. AGE: Years 89 Months 0 Days 21 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name G. H. Wischmeyer

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

14. Maiden name Anna Wilmann

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

16. (a) Informant Frank Gruer

(b) Address 3227 Harper St.

17. (a) Burial (b) Date thereof June 19, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) [Signature] (b) [Signature]  
(Date received of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16th year 1944 hour 5:40 minute A. M.

21. I hereby certify that I attended the deceased from June 14 1944 to June 16 1944 that I last saw her alive on June 15 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Inoperable Carcinoma of Right Breast with Metastasis } 20 years Duration

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Myocardial Damage  
(Include pregnancy within months of death)  
Abdominal Neoplasm

Major findings: Not operated upon.

Of autopsy: Permission refused by family.

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 David M. Spelling Jr. (M. D. or other) M.D.  
Address 4500 Olive Street. Date signed \_\_\_\_\_

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

**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 John A. Medina

Licensed Embalmer No. 4186

P. O. Address St. Louis 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.**