

S. No. 2  
M-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42094**

FILED JAN 12 1945

Registration District No. **317**

Primary Registration District No. **6072**

Registrar's No. **2588**

1. PLACE OF DEATH:

(a) County **St. Louis**

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

(c) Name of hospital or institution **1460 Ferguson Ave**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **8 months** (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **Wellston**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1460 Ferguson**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **William James Gritz**

(b) If veteran, name war **no**

(c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **15** year **1944** hour **2** minute **30** M.

21. I hereby certify that I attended the deceased from **12-13-44** to **12-15-44** 19\_\_\_\_; that I last saw him alive on **12-13-44** 19\_\_\_\_; and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased **April 14-1944**  
(Month) (Day) (Year)

8. AGE: Years **0** Months **8** Days **1** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **none**

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

MOTHER FATHER

12. Name **James Gritz**

13. Birthplace **Cananda**  
(City, town, or country) (State or foreign country)

14. Maiden name **Domine Pellerin**

15. Birthplace **Argyle Mo**  
(City, town, or country) (State or foreign country)

16. (a) Informant **James Gritz**

(b) Address **1460 Ferguson Ave**

17. (a) **Burial** (b) Date of **Dec 16-1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Peter's Church**

18. (a) Signature **Henry L. Weidenmiller**

(b) Address **6203 9th Ave**

19. (a) **12/18/44** (b) **E. J. Holman, M.D.**  
(Date received local registrar) (Registrar's signature)

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Due to **St. Louis Rifles**

Due to **Congenital**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: **157 lb**

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

Signature **W. H. ...** (M. D. or other) \_\_\_\_\_

Date signed **12-15-44**

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

16  
0  
0

**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.....  
.....  
working under my personal supervision.

Registered Apprentice No.....  
Signed *Albert G. Hopper*.....  
Licensed Embalmer No. *2971*.....  
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.**