

FILED DEC 31 1945

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 9/6
(c) City or town Normandy (21) 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. No. 30 Greendale Drive.
(If rural, give location) N.R.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Harry W. Gruner.

3. (b) If veteran, name war World War #1 3. (c) Social Security No. 493-09-2184

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Letty Gruner. 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased October 25, 1894.
(Month) (Day) (Year)

8. AGE: Years 51 Months 1 Days 1 If less than one day hr. min.

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

10. Usual occupation Pattern Maker.

11. Industry or business

MOTHER FATHER { 12. Name Arnold Gruner.
13. Birthplace Germany.
(City, town, or county) (State or foreign country)
14. Maiden name Emily Bartel.
15. Birthplace Illinois.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Letty Gruner.
(b) Address 30 Greendale Drive.

17. (a) Burial (b) Date thereof 11-29-1945.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) NOV 29 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26th.
year 1945 hour 12 Noon minute M.

21. I hereby certify that I attended the deceased from Jan. 1944
to Nov 26, 1945
that I last saw him alive on Nov 26, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death acute labor pneumonia

Due to 61

Due to 61

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

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) (e) Means of injury
23. Signature J. F. Bredeck (M. D. or other)
Address 63476 Grand Date signed 11/26/45

NOV 23 1945

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

Dr. Herbert Goldwasser.
Mo. Theatre Building.
Hours. 12.30 to 5 P.M.
Telephone Jefferson 8282

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

Elemerit McManis

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.