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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9067**

FILED
Registration District No. **128**

MAR 27 1946

Primary Registration District No. **2000**

Registrar's No. **236**

1. PLACE OF DEATH:
(a) County **Greene**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1116 W. Walnut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **33 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Greene** **39**
(c) City or town **Springfield** **2**
(If outside city or town limits, write "RURAL") **6**
(d) Street No. **1116 W. Walnut**
(If rural, give location) **0**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Joseph E. Gruen**
(b) If veteran, name war **No**
(c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **XX** years
7. Birth date of deceased **July 7, 1872**
(Month) (Day) (Year)

8. AGE: Years **73** Months **8** Days **2** If less than one day hr. min.

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

10. Usual occupation **Retired**

11. Industry or business **Cabinet Maker**

MOTHER FATHER
12. Name **John Gruen**
13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Caroline Schene**
15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Lena Gruen**
(b) Address **Springfield, Mo.**

17. (a) **Burial** (b) Date, thereof **3/11/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Mary**

18. (a) Signature of funeral director **H.H. Lohmeyer**
(b) Address **Springfield, Mo.**

19. (a) **3-11-46** (b) **J. W. Handley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **9**
year **1946** hour **7** minute **45 a.m.**

21. I hereby certify that I attended the deceased from **Unattended**, 19 **by Physician**,
that I last saw him alive on _____, 19 _____,
and that death occurred on the date and hour stated above.

Immediate cause of death **probably chronic myocarditis**

Due to _____
Due to _____

Other conditions **gangrene of both feet**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? _____ (Specify type of place)
(c) Means of injury **6**

23. Signature **M. E. Handley local registrar** (M. D. or other)
Address **Springfield, Mo.** Date signed **3/11/46**

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

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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.....

Roy H. Mercer Jr......, Registered Apprentice No. *380*
working under my personal supervision.

Signed *Walter E. Hamilton*.....

Licensed Embalmer No. *3808*.....

P. O. Address *Springfield 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.