

No. 2
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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

10751

Registration District No. 317

Primary Registration District No. 6076

State File No.

Registrar's No. 658

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis County Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Geyer Rd. & Clayton Rd. /
(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:

(a) State Missouri (b) County St. Louis 96

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

(d) Street No. Geyer Road and Clayton Road 0
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gustave Lester Gruner

3. (b) If veteran, name war No

3. (c) Social Security No. 488-09-1007

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1946 hour 5 minute 0 P. M.

21. I hereby certify that I attended the deceased from 2/1/45
_____ 19____ to 3/18/46 19____
that I last saw him alive on 3/18 1946
and that death occurred on the date and hour stated above.

4. Sex Male 0

5. Color or race white

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

6. (b) Name of husband or wife Olivia Geisler Gruner

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased February 3 1880
(Month) (Day) (Year)

Immediate cause of death _____ Duration 1 day

Acute Cardiac dilatation

Due to Myocarditis Ch. 930 3 yrs

Other conditions none
(Include pregnancy within 3 months of death)

8. AGE: Years ~Months ~Days If less than one day

66 1 15 _____ hr. _____ min.

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Salesman

11. Industry or business Harrison Lumber Co.

12. Name Gustavus Adolphus Gruner

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

14. Maiden name Amy Milow

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

16. (a) Informant Olivia Geisler Gruner

(b) Address Geyer Road and Clayton Road

17. (a) Burial (b) Date thereof 3-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Robert J. Ambruster, Inc.

(b) Address Clayton Road at Concordia Lane

19. (a) 3-20-46 (b) E. M. Gansaw
(Date received local registrar) (Registrar's signature)

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 E. M. Gansaw (M. D. or other) MD
Address Lickwood 7200 Date signed 3/21/46

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

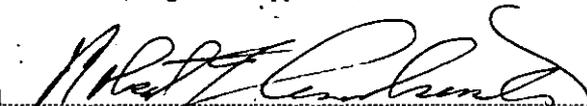
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....



.....
Licensed Embalmer No.....

.....
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.

