

S. No. 2
OM-5-43
ev. 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. **11177**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2187**

FILED MAR 18 1946

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 days** (Specify whether
In this community **60 years** (Specify whether
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. **4636 Varrellman** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mrs. Theresa Grubeh**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mathew Grubeh** 6. (c) Age of husband or wife if alive **64** years
7. Birth date of deceased **November 11, 1873**
(Month) (Day) (Year)

8. AGE: Years **72** Months **3** Days **24** If less than one day _____ hr. _____ min.

9. Birthplace **Bohemia** (City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **Joseph Bosek**

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

14. Maiden name **Anne (Unknown)**

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

16. (a) Informant **Mr. Mathew Grubeh**

(b) Address **4636 Varrellman**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3/7/46** (Month) (Day) (Year)

(c) Place: burial or cremation **St. Mathew's Cemetery**

18. (a) Signature of funeral director **Beiderwieden F. H., Inc.**

(b) Address **1936 St. Louis Avenue**

19. (a) **MAR 6 1946** (Date received local registrar) (b) **J. F. Bradeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **5**, year **1946** hour **12**; minute **50** A. M.

21. I hereby certify that I attended the deceased from **Feb 20** to **Feb 20**, 1946, and that death occurred on the date and hour stated above.
that I last saw him alive on **March 4**, 1946

Immediate cause of death **apoplexy**
Due to **hypertension**
Due to **embolus**
Other conditions: _____ (Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

Duration

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 **Jan**
(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?

23. Signature **J. F. Bradeck** (M. D. or other) **J. F. Bradeck**
Address **3606 Grand** Date signed **3-7-46**

(Licensed Embalmer's Statement on Reverse Side)

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

10089

Dr. S. H. Maizus

3606 *Summit*

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.