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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 1 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21400

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1366

1. PLACE OF DEATH:

(a) County Saint Louis. Co. Missouri.

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

(c) Name of hospital or institution: 2744 Telegraph Road. (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 LeMay (If outside city or town limits, write "RURAL")

(d) Street No. 2744 Telegraph Road. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Dora Gruwell.

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 Widowed.

6. (b) Name of husband or wife Charles Edward

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

7. Birth date of deceased March (Month) 19th. (Day) 1874. (Year)

8. AGE: Years 72 Months 3 Days 4 If less than one day hr. min.

9. Birthplace Anthonys Mills (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name John Gruwell
13. Birthplace Missouri. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Pinson
15. Birthplace Missouri. (City, town, or county) (State or foreign country)

16. (a) Informant Edna Bess

(b) Address 2744 Telegraph Road.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June (Month) 26. (Day) 1946. (Year)

(c) Place: burial or cremation Mount Hope Cemetery.

18. (a) Signature of funeral director Ziegenhein Bros.

(b) Address 6409 Gravois Ave.

19. (a) 6-26-46 (Date received local registrar) (b) E.G. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23rd. year 1946. hour 3 minute 0 P. M.

21. I hereby certify that I attended the deceased from Jan. 5, 1946, to June 23, 1946 that I last saw her alive on June 23, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Ac Dilation of heart — Duration 1/8 day

Due to Chr. myocarditis — Chr. cardio vascular — several yrs.

Due to renal disease

131-a

Other conditions (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:

(c) 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 M.D.

23. Signature Erwin A. Creelius (M. D. or other)

Address 748 Lemay Ferry Rd Date signed 6/24/46

(Licensed Embalmer's Statement on Reverse Side)

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. 3887

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.