

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1994

FILED JAN 29 1947

Registration District No. 275

Primary Registration District No. 3051

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Perry

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

(c) Name of hospital or institution: 7
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week (Specify whether years, months or days)

In this community 1 Week (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jennie Grue

3. (b) If veteran, name war: _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Bert S. Grue

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

7. Birth date of deceased September 30 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>3</u>	<u>19</u>	hr. _____ min.

9. Birthplace Eureka Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business _____

MOTHER FATHER { 12. Name Edward Maupin

{ 13. Birthplace Jefferson Co. Mo. (City, town, or county) (State or foreign country)

{ 14. Maiden name Ann Smith

{ 15. Birthplace St. Louis Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Leo M. Grue

(b) Address Perryville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Hillsbro Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo.

19. (a) Jan 19 1947 (Date received local registrar) (b) Joe J. Zedler (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 0A4

(c) City or town St. Louis Mo. 17
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 9

(e) Citizen of foreign country? _____ (Yes or No) 1
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19 year 1947 hour 1 minute A.M.

21. I hereby certify that I attended the deceased from 18 Jan 47 to 19 Jan 1947 that I last saw h. er alive on 18 Jan 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 1 da

Due to Hypertension 5 yr
2.30/120

Due to none

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations 83A

Of autopsy _____

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 James J. Brudell (M. D. or other) 0

Address Perryville Mo. Date signed 19 Jan 47

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

19
11

250

RECEIVED

14

1708

Death Officer No. 4
File number 147-152
Filed 1-28-47

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 Wallace Young
Licensed Embalmer No. 4027
P. O. Address Perryville 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.

Handwritten signature/initials