

FILED JAN 23 1947

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No. 129

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:
In Automobile On Public Street
(If not in hospital or institution, write street number)
(d) Length of stay: 3 In hospital or institution (Specify whether
In this community _____
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. 6119 Pershing Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Albert G. Gruetzemacher

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Doris H. Gruetzemacher 6. (c) Age of husband or wife if alive. 61 years

7. Birth date of deceased. December 24th 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 0 10 hr. min.

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

10. Usual occupation Secretary-Treasurer

11. Industry or business Interstate Stone & Marble Co.

12. Name Henry F. Gruetzemacher

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

14. Maiden name Mary Louise Wingman

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

16. (a) Informant Mrs. Doris H. Gruetzemacher
(b) Address 6119 Pershing Ave.

17. (a) Burial (b) Date thereof 1/7/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Bellefontaine Cem.

18. (a) Signature of funeral director. C. R. Lupton & Sons
(b) Address 7233 Delmar, University City, Mo.

19. (a) JAN 7 1947 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4th
year 1947 hour 1:00 AM. minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cervical Strabismus

Due to _____

Due to _____

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:

(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)
Means of injury _____

23. Signature Dr. Alfred J. Berry (M. D. or other) _____

Address Deputy Coroner Date signed 1/7/47

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

MOTHER FATHER

mzm

667

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 *Clarence A. Murray*

Licensed Embalmer No. *4011*

P. O. Address *St Louis, 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.