

U.S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36871

17064

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED JUN 10 1947

Registration District No. 177

Primary Registration District No. 5443

1. PLACE OF DEATH:

(a) County Gasconade  
(b) City or town Rural - Roark  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Her Residence  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 66 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. 8 Miles South of Hermann, Mo. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELISBETH GRUBER

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) ~~Male~~ Female, widowed, ~~Married~~ Widowed

6. (b) Name of husband or wife Henry Gruber 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 25th 1864  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>10</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace Unknown Switzerland  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Housekeeping

12. Name Nicholas Fluetsch

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. John Reinhardt

(b) Address Hermann, Mo. RFD

17. (a) Burial (b) Date thereof 5/20/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Swiss, Mo.

18. (a) Signature of funeral director Faust Blumer

(b) Address Berger Mo.

19. (a) 5/19/47 (b) Edmund O'Connell  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th  
year 1947 hour 10 minute 55 P.M.

21. I hereby certify that I attended the deceased from April  
1947 to May 17 1947  
that I last saw her alive on May 17 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke of pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

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? (H)

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature John Bryan (M. D. or other) MD

Address Hermann, Mo. Date signed 5/19/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER, FATHER

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed JUN 9 1947

MS  
APR 2  
1959

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 Sherman Blumer  
Licensed Embalmer No. 528  
P. O. Address Berger, 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.