

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

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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21540
Registrar's No. 1464

FILED JUL 6 1948
Registration District No. 327

Primary Registration District No. 3063

1. PLACE OF DEATH:
(a) County ST. LOUES
(b) City or town CLAYTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. LOUES COUNTY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 DAYS
(Specify whether years, months or days)
In this community 80 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUES 96
(c) City or town GLENCOE 00
(If outside city or town limits, write "RURAL")
(d) Street No. RT. 1 01
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME JULEA VON GRUBER
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife CHARLES
6. (c) Age of husband or wife if alive 14 year 1869 (Day) (Year)

8. AGE: Years 78 Months 7 Days 27
If less than one day hr. min.

9. Birthplace ST. LOUES MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business NONE
12. Name UNKNOWN 9
13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN 9
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant C. E. WARDENBURG
(b) Address RT. 1 CHESTERFIELD, MO
17. (a) Burial (b) Date thereof June 14 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation BETHEL CEM. POND, MO.

18. (a) Signature of funeral director Charles J. ...
(b) Address Ballwin, MO
19. (a) 6-11-48 (b) Charles J. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JUNE day 11
year 1948 hour 3 minute 20 a.m.
21. I hereby certify that I attended the deceased from MAY 13
1948, to JUNE 11, 1948
that I last saw her alive on JUNE 11, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Adventitious Poisoning
Due to 460s
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Adventitious Poisoning
Ration
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)
(e) Means of injury _____
Signature Rene L. ... (M. D. or other)
Address 60 Brentwood Blvd. Date signed 6/22/48

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 *Theo. Schrader*

Licensed Embalmer No. *3066*

P. O. Address *Baltimore, Md.*

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.