

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10154

State File No. 2704
Registrar's No. 2704

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 2704		Registrar's No. 2704	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 84 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) 24 TOWN St. Louis		2249			
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Boarding Home				d. STREET ADDRESS (If rural, give location) 3652 South Jefferson Avenue					
3. NAME OF DECEASED (Type or Print) Pauline		a. (First) 3652 S. Jefferson		c. (Last) Gruber		4. DATE OF DEATH (Month) (Day) (Year) March 21, 1951			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 7		8. DATE OF BIRTH October 11, 1866		9. AGE (In years last birthday) 84	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) St. Louis, Mo. D		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Jacob Berberich			13b. MOTHER'S MAIDEN NAME Margaret Reinhardt			14. NAME OF HUSBAND OR WIFE William Gruber			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. Gruber, 4249 Wyoming Street					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 15 MIN	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion							
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) _____ DUE TO (c) _____							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H201					
22. I hereby certify that I attended the deceased from 21 MARCH, 1951, to 21 MARCH, 1951, that I last saw the deceased alive on 21 MARCH, 1951, and that death occurred at 7:30 P. M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Joseph P. Doyle M.D.				23b. ADDRESS 3012 Lafayette St. Louis, Mo.				23c. DATE SIGNED 22/1/1951	
24a. BURIAL CREMATION (Specify) Burial		24b. DATE 3/24/51		24c. NAME OF CEMETERY OR CREMATORY St. Trinity Luth. Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri			
DATE REC'D BY LOCAL REG. MAR 26 1951		REGISTRAR'S SIGNATURE J. B. Lassiter			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.				

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

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Dr. J. Doyle

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Julius J. Krupar

Signed.....
Student Embalmer

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.