

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6557**
Registrar's No. **1622**

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

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1622	
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) St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION #449a Penrose				d. STREET ADDRESS (If rural, give location) 4849a Penrose			
3. NAME OF DECEASED (Type or Print) MINNIE		a. (First) _____		b. (Middle) _____		c. (Last) GRUBER	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 3/18/1870	
9. AGE (in years last birthday) 85		if UNDER 1 YEAR Months 10 Days 26		if UNDER 24 HRS. Hours _____ Mins. _____		4. DATE OF DEATH (Month) (Day) (Year) Feb 14 1956	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) St. Louis Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John C. Steinwand		13b. MOTHER'S MAIDEN NAME Wilhelmina Flecke		14. NAME OF HUSBAND OR WIFE Louis F. 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. 493-20-5068A		17. INFORMANT'S SIGNATURE OR NAME Howard Gruber ADDRESS 6629 Clayton Road			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerosis - Senile artery change atheriosclerosis - senile artery change ANTECEDENT CAUSES Senility (senility) DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN DEATH AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 450.0				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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 1943 to 2/14/56 , 19 56 , that I last saw the deceased alive on 2/14/56 , 19____, and that death occurred at 7 P m., from the causes and on the date stated above.							
23a. SIGNATURE J. J. Kessler (Degree or title) M.D.				23b. ADDRESS 3504 N. 14th St.		23c. DATE SIGNED 2/15/56	
24a. BURIAL, CREMATION (REMOVAL) (Specify) Burial		24b. DATE 2/17/56		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Missouri	
DATE REC'D BY LOCAL REG. FEB 15 1956		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Ambruster Mortuary 6633 Clayton Road			

218 B. (Licensed Embalmer's Statement on Reverse Side)

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No. *4788*

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.