

No. 300
10-48

FILED DEC 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39997

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2536

1. PLACE OF DEATH
a. COUNTY St. Louis

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 township) Clayton
c. LENGTH OF STAY (in this place) 2 hours

c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hosp.

e. STREET ADDRESS (If rural, give location) 3412 Meramec St. 21510

3. NAME OF DECEASED (Type or Print)
a. (First) Frank b. (Middle) J c. (Last) Gruber
4. DATE OF DEATH (Month) (Day) (Year) 10 - 25 - 56

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Apr. 5, 1911 9. AGE (in years last birthday) 45
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Drill Press Operator
10b. KIND OF BUSINESS OR INDUSTRY Carter Carb. 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph Gruber 13b. MOTHER'S MAIDEN NAME Sophie Brune 14. NAME OF HUSBAND OR WIFE Emma Gruber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) --- 16. SOCIAL SECURITY NO. 492-09-5526 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 53 Lee Ave. Leonard C. Gruber Ferguson, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from 10-25, 1956, to 10-25, 1956, that I last saw the deceased alive on 10-25, 1956 and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE Joseph C. Crust (Degree or title) M.D. 23b. ADDRESS 601 So. Brentwood 23c. DATE SIGNED 10-25-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 10/29/56 24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park 24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri

DATE REC'D BY LOCAL REG. 10-27-56 REGISTRAR'S SIGNATURE Herbert R. Dunkel FUNERAL DIRECTOR'S SIGNATURE ADDRESS WACKER-HELDERLE 3634 Gravois

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

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.....
Signature of Student Embalmer

Signed.....
Frank J. Pyland

Licensed Embalmer No. *267*

P. O. Address.....
W. Lewis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.