Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 15 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10344
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3002

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO. Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 04 BARNES HOSPITAL Length of stay in 1b 2
0

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 59 5475 Cabanne Ave. Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First RICHARD Middle EMILIE Last GRUNER
4. DATE OF DEATH Month Day Year MARCH 27, 1957

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH October 16 1881
9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months 5 Days 11 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired President
10b. KIND OF BUSINESS OR INDUSTRY Gruner Lumber Co
11. BIRTHPLACE (City and state or country) St. Louis Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Gustavus A. Gruner
14. MOTHER'S MAIDEN NAME Amy Millow

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Mexican War 1916
16. SOCIAL SECURITY NO. 489-09-8884
17. INFORMANT Address Mrs. Richard E. Gruner 5475 Cabanne Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) G. I. BLEEDING
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) CHRONIC MYELOCYTIC LEUKEMIA
DUE TO (c) 2041
INTERVAL BETWEEN ONSET AND DEATH 1 YR.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from FEBRUARY 24, 1957 to MAR. 27, 1957 and last saw her/him alive on MAR. 27, 1957
Death occurred at 10:05 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. A. Vermillion, M. D. M. D.
22b. ADDRESS BARNES HOSPITAL
22c. DATE SIGNED 3/27/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3/29/57
23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis Missouri

24. FUNERAL DIRECTOR ADDRESS Ambruster Mortuary 6633 Clayton Road
25. DATE RECD. BY LOCAL REG. MAR 28 '57
26. REGISTRAR'S SIGNATURE J Carl Smith MD MDB

(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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed [signature]

Licensed Embalmer No. 47

P. O. Address [signature]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.