N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 8 - 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 22088

Township ..... Primary Registration District No. 1003 Registered No. 5840

City St. Louis, Mo. (No. 5800, ARSENAL St. ..... Ward)

2. FULL NAME John Gronemeyer

(a) Residence, No. 5800 Arsenal St., 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ELIZABETH GRONEMEYER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1869

7. AGE: YEARS ~~70~~ 68 | MONTHS 0 | DAYS 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stove Moulder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vandalia, Ill.

FATHER

13. NAME Harry Gronemeyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? ?

MOTHER

15. MAIDEN NAME Mary Dilla
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? ?

17. INFORMANT (ADDRESS) J.G.Sullivan 5800 Arsenal St.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ PLACE ST. JOHN'S, CEM DATE 6-15-1937

19. UNDERTAKER (ADDRESS) BAUMANN BROS OVERLAND MO

20. FILED JUN 14 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1937, to June 12, 1937

I last saw him alive on June 12, 1937 Death is said to have occurred on the date stated above, at 6:35 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset

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Other contributory causes of importance:

Arteriosclerosis, generalized

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L. G. Pray, M. D.

(Address) 5600 Arsenal