

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

29292
Do not use this space.

SEP 10 1937

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003** Registered No. **7925**
(c) City **St. Louis** (d) Street No. **Luthern Hosp.** St. **St.**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Sophie Grueninger**

(a) Residence, No. **6430 Potomac St.** St. **174** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 21st/1937**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Fred**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 18** 1937, to **Aug 21** 1937
I last saw her alive on **Aug 21** 1937 Death is said to have occurred on the date stated above, at **5:40am**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 12th. 1872**

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
35 64 10 9

Cerebral Hemorrhage Date of onset **8/18**
Hypertension

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **House-work**
9. Industry or business in which work was done, as saw mill, bank, etc. **at home**
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) **Illinois**

13. NAME **Peter Haubrich**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Not known**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Fred Grueninger 6430 Potomac Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Old St. Marcus** DATE **Aug. 24th, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **William Schumacher 3013 Meramec Street**

20. F. **AUG 24 1937** **J. Brebeck** Local Registrar.

Other contributory causes of importance: **Hypertension**

Name of operation **None** Date of
What test confirmed diagnosis? **Char. sec.** 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) **P. B. Capellano**, M. D.
(Address) **3239 Franklin**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

8992
102
10

STATEMENT BY LICENSED EMBALMER

I, Clarence J. Rochow, Licensed Embalmer No. 3093

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Clarence J. Rochow
Licensed Embalmer No. 3093

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.)