REC'D MAY 10 1939

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

791
1003

13451
Do not use this space.

3793

1. PLACE OF DEATH

(a) County ..... Registration District No. .....

(b) Township ..... Primary Registration District No. ..... Registered No. .....

(c) City St Louis (d) Street No. Mo. Pac. Hosp 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 652 ERNEST OTTO GRENZ

(a) Residence, No. 5015 Claxton St. 7 ST Louis
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: MRS E.O. GRENZ

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 29, 1877

7. AGE: YEARS 61 MONTHS 5 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Leading Mointoine
9. Industry or business in which work was done, as saw mill, bank, etc. Railroad
10. Date deceased last worked at this occupation (month and year) Feb. 12, 39
11. Total time (years) spent in this occupation 27 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Galveston Texas

FATHER
13. NAME: Henrich Grenz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Ella May Grenz 5015 Claxton Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Valhalla Cem. DATE: Apr. 25, 1939.

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Wm. F. Paschedag 2825 N. Grand Blvd.

20. FILED APR 24 1939 J. F. Budrick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1939, to April 22, 1939
I last saw him alive on 4-22, 1939 Death is said to have occurred on the date stated above, at 12:00 m. noon
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach (Cardiac Portion) — Date of onset

Other contributory causes of importance: No

Name of operation: GASTROSTOMY Date of 3-4-39
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? No
If so, specify .....
(Signed) John T. Vandover M. D.
(Address) Missouri Pacific Hospital

(Licensed Embalmer's Statement on Reverse Side)

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.

X14028

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 .....,

Registered Apprentice No....., working under my personal supervision.

Signed Albert E Hoffer

Licensed Embalmer No. 2971

P. O. Address.....

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, above space should be left blank.