

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **6952**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **731 Marion** **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **23**
(If outside city or town limits, write "RURAL")
(d) Street No. **731 Marion, St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME

Joseph Gruber **616**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Betty Gruber** 6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **Abt 1878** **Unknown**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Abt. 62 **Unknown** hr. min.

9. Birthplace **Czechoslovakia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Tavern Owner**

11. Industry or business

MOTHER FATHER
12. Name **Unknown**
13. Birthplace **Czechoslovakia**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Czechoslovakia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Betty Gruber**

(b) Address **731 Marion, St.**

17. (a) **Burial** (b) Date thereof **8/17/40**
(Burial, cremation, or removal) **St. Bernard** (Month) (Day) (Year)

(c) Place: burial or cremation **East St. Louis, Ill**

18. (a) Signature of funeral director **J. C. Moydell**

(b) Address **AUG 16 1940** **1926 Allen, Ave**

19. (a) _____ (b) **J. P. Brudeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

no attending physician
20. DATE OF DEATH: Month **Aug.** day **15**
year **1940** hour **5** minute **35 A.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death **Gun Shot Wound of Head**
self inflicted at his home 731 Marion St., August 15th, 1940, about 5.35 A.M. SUICIDE.

Due to **167**

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) **Suicide**

(b) Date of occurrence **8/15/1940**

(c) Where did injury occur? **St. Louis, Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home**

While at work? _____ (Specify type of place)

(e) Means of injury **5**

28. Signature **Joseph M. ...**

Address **...** Date signed _____

WRITE PLAINLY—USE 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.....

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

Signed

Benj. C. Duncan

Licensed Embalmer No. *2272*

P. O. Address *1926 Allen*

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.