S. No. 2
—1-4-41
5-17-39
PI X26390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4402

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2127

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: MO BAPTIST HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 HOURS (Specify whether
In this community 17 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST LOUIS 96
(c) City or town RICHMOND HEIGHTS MO (If outside city or town limits, write "RURAL") NR
(d) Street No. 1021 YALE AVE (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME NELLIE THERESA GRUEN

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband ~~or wife~~ CHRISTIAN E GRUEN

6. (c) Age of husband ~~or wife if~~ alive 72 years

7. Birth date of deceased MAY (Month) 9 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	9	24	17 hr. 10 min.

9. Birthplace ST LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business NONE

FATHER
12. Name J AHEARN
13. Birthplace IRELAND (City, town, or county) IRELAND (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) IRELAND (State or foreign country)

16. (a) Informant S. C. Gruen
(b) Address 1021 Yale Ave

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR 9 1942 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Nation Bockeye
(b) Address 6536 Clayton Rd

19. (a) MAR 8 1942 (Date received local registrar) (b) J. F. Medeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 6th year 1942 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from Mar 5, 1942, to Mar 6, 1942, that I last saw her alive on Mar. 6, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cr. Myocarditis & Senility

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Dr. O. E. Williamson (M. D. ~~or other~~)
Address 6336 Clayton Rd. Date signed Mar. 7, 1942

(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 embalmed by me, or by.....

.....Registered Apprentice No.....

working under my personal supervision.

Signed Wilford G. Burnley

Licensed Embalmer No. 4202

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, fact should be so stated above.