S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 6 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8263

State File No.

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 526

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis Co. Hospital 0
(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: 96

(a) State Mo. (b) County St. Louis 5

(c) City or town Wellston 5
(If outside city or town limits, write "RURAL")

(d) Street No. 1311 Woodruff Ave.,
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Frank W. Grush.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased July 18, 1932.
(Month) (Day) (Year)

8. AGE: Years 11 Months 7 Days 18 If less than one day hr. min.

9. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation School boy

11. Industry or business

FATHER
12. Name Frank W. Grusch
13. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Walden
15. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Frank J. Grush
(b) Address 1311 Woodruff Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 1/44.
(Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.,

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) MAR 1- 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26
year 1944 hour 9.00 minute P.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death From injuries received when struck by an auto. while a pedestrian on a public highway.

Due to

Due to Concussion and subdural hematoma.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

170 C-4
21

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

(a) Accident, suicide, or homicide (specify) Accident. 196

(b) Date of occurrence Feb. 26, 1944

(c) Where did injury occur? 6700 Page Ave.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place.
(Specify type of place)

While at work? (e) Means of injury 3

23. Signature H. S. Breyfogle Deputy Coroner (M. D. or other)

Address Kirkwood, Mo. 2-28-44 Date signed

(Licensed Embalmer's Statement on Reverse Side)

BOOP

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.....

Licensed Embalmer No. 3225

P. O. Address 1125 Hodiamont Ave.,

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.