

S. No. 2
 FORM-5-43
 Rev. 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18446**
 Registrar's No. **4955**

FILED
 JUN 13 1946
 318

Registration District No. _____
 Primary Registration District No. **1003**

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:
Imfirmiry Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **5/14/46 to 5/31/46**
(Specify whether

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MISSOURI** (b) County _____
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1816 S. 13th St., 2nd Floor Rear**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **JOSEPH GRULICK**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **May** day **31**
 year **1946** hour **6** minute **00** P.M.
 21. I hereby certify that I attended the deceased from **May 14**, 19**46**, to **May 31**, 19**46**,
 that I last saw him alive on **May 31**, 19**46**,
 and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**
 6. (b) Name of husband or wife **Catherine Grulich** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **3** **25** **1868**
(Month) (Day) (Year)

Immediate cause of death **Uremia**
 Due to **nephrosclerosis, bilateral**
 Due to **Chronic Endocarditi**
 Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years **78** Months **2** Days **6** If less than one day
 hr. _____ min. _____

9. Birthplace **Czecho-Slovakia**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Laborer**

Major findings:
 Of operations _____
 Of autopsy **nephrosclerosis, bilateral chronic Endocarditis**
 Underline the cause to which death should be charged statistically.

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

16. (a) Informant **City Infirmary Records**
 (b) Address **5800 Arsenal St.**
 17. (a) **Burial** (b) Date thereof **6-3-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **New Picker Cemetery**

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?
 While at work? _____ (Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director **Wm C Moydell**
 (b) Address **Allen Avenue**
 19. (a) **JUN 3 1946** (b) **J. Brebeck**
(Date received local registrar) (Registrar's signature)

23. Signature **Julius M. Elmer** (M. D. or other) _____
 Address **5700 Arsenal** Date signed **6/1/46**

(Licensed Embalmer's Statement on Reverse Side)

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

17932A

000
 2317
 9
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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 *Benjamin L. Duncan*.....

..... Licensed Embalmer No. 2272.....

P. O. Address 1926 Allen Avenue.....

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.