S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35258

FILED NOV 9 1948

Registration District No. 3947 — Primary Registration District No. 6076 — Registrar's No. 2458

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution: 59 days (Specify whether years, months or days)
In this community: 4 years

2. USUAL RESIDENCE OF DEACEDED:
(a) State: Missouir (b) County: [redacted]
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 3862 Windsor Place
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: ZUBER, Grover Henry
3. (b) If veteran, name war: II
3. (c) Social Security No.: 427-12-1252
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Dora Zuber
6. (c) Age of husband or wife if alive: 45 years
7. Birth date of deceased: October 7, 1896 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
52	0	4	hr. min.

9. Birthplace: Starkville, Mississippi (City, town, or county) (State or foreign country)
10. Usual occupation: Cleaner (clothing)
11. Industry or business: —
FATHER
12. Name: John Zuber
13. Birthplace: Starkville, Miss. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Henrietta Gaddis
15. Birthplace: Starkville, Miss. (City, town, or county) (State or foreign country)
16. (a) Informant: Registrar
(b) Address: VAH, Jeff. Brks., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-13-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Starkville Miss.
18. (a) Signature of funeral director: Adams Fun. Home
(b) Address: 3849 Windsor Pl., St. Louis, Mo.
19. (a) 10-12-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: October day: 11 year: 1948 hour: 12:10 minute: p.m.
21. I hereby certify that I attended the deceased from August 13, 1948 to October 11, 1948 that I last saw him alive on October 11, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CARCINOMA OF THE STOMACH WITH METASTASIS	UNK
Cont. Cause: Inanition	Unk
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: Gastrectomy Sept. 1948	
Of autopsy: None	

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): none
(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? (Specify type of injury)
23. Signature: EDWARD E. O'BRIEN (M. D. or other)
Address: VAH, Jeff. Brks., Mo. Date signed: 10/12/48

Jefferson City Printing Co.
(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 Gifton H. Swan

Licensed Embalmer No. 4580

P. O. Address 4214 Delmar Blvd

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.