

NOV 23 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38768
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 789
(b) Township Central Primary Registration District No. 6033 Registered No. 282
(c) City Normandy (d) Street No. 7521 Santa Monica St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Caroline Gruenewald

(a) Residence, No. 7521 Santa Monica St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frederick Gruenewald

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
65 5 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Westphalen, Germany
(STATE OR COUNTRY)13. NAME HERMAN FINICE14. BIRTHPLACE (CITY OR TOWN) GERMANY
(STATE OR COUNTRY)15. MAIDEN NAME ANNA MARIE JOHANNING MEYER16. BIRTHPLACE (CITY OR TOWN) GERMANY
(STATE OR COUNTRY)17. INFORMANT Otto Gruenewald,
(ADDRESS) 7521 Santa Monica, Normandy, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peter's Cemetery DATE Oct. 9, 193719. FUNERAL DIRECTOR M. M. Schumacher
(ADDRESS) 4834 Natural Bridge, St. Louis, Mo.20. FILED 10-8-1937 Edw. Boehmer
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 6, 193722. I HEREBY CERTIFY, That I attended deceased from Oct. 3 1937 to Oct 6 1937I last saw her alive on Oct 6 1937. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

Central Nervous System
Nephritis (Ch.)

Other contributory causes of importance:

Name of operation none Date of none
What test confirmed diagnosis? specimens Was there an autopsy?23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury _____
Nature of injury _____24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____(Signed) M. D. Boyd M. D.
(Address) 1446 S. Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, John Ketter Licensed Embalmer No. 3880
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
..... L. E.
No. or by Registered Apprentice No. 7
working under my personal supervision.
Signed John Ketter
Licensed Embalmer No. 3880

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.)