

REC'D APR 1 1938

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

8907
Do not use this page.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis (d) Street No. 791 City Hospital No. 1 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.
C. 16903

2. PRINT FULL NAME

(a) Residence, No. Charles Grundy 653
918 South 4th St. 22
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Donald Knorr
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 11, 1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 69 4 28
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. add jobs
9. Industry or business in which work was done, as saw mill, bank, etc. nil
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER 13. NAME John Grundy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Mary Downing

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Hosp. Info. M. Kent
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 4/15 1938

19. FUNERAL DIRECTOR J. K. Hubbell 2842 Meramec
(ADDRESS)

20. FILED MAR 14 1938 J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/9/38 1938
22. I HEREBY CERTIFY, That I attended deceased from 2/17/38, 1938, to 3/9/38, 1938.
I last saw him live on 3/9/38, 1938. Death is said to have occurred on the date stated above, at 5.35 p
The principal cause of death and related causes of importance were as follows:-

Pyelonephritis, non calculous Date of onset 2/24/38

137

Other contributory causes of importance:
Cystitis, catarrhal 1936
Hypertrophy of prostate 1936

Name of operation none Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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 Thos W. Seaman, M. D.
(Signed) Thos W. Seaman
(Address) City Hospital No. 1

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

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No..... or by *No Embalming* Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)