

REC'D OCT 1 1939 **791**

Registration District No. **1008**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County 3
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: via Route to City Hosp #1
(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 1 5 1

3. (a) PRINT FULL NAME EMIL GRUENEBERG

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ADELHEID (c) Age of husband or wife if alive 74 years

7. Birth date of deceased MAY 10 1863
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 21 If less than one day hr. _____ min. _____

9. Birthplace PATHEW Germany
(City, town, or county) (State or foreign country)

10. Usual occupation CHEMIST, Unemployed

11. Industry or business WILHELM GRUENEBERG

12. Name WILHELM GRUENEBERG
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name MINNA KAEMMERER
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Katherine Steil

(b) Address 1227 Dardenella

17. (a) CREMATION (b) Date thereof Sept 2-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valpurga Crematory

18. (a) Signature of funeral director L. B. Tamm

(b) Address 6107 Natural Bridge Rd

19. (a) SEP 1 1939 (b) _____
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1456 HAMILTON
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 55 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31
year 1939 hour 6 minute 00 P.M.

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

Immediate cause of death Coronary Occlusion
Arteriosclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____

Of autopsy _____

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? 4

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

23. Signature Alfred Perry (M. D. or other) _____
Address Deputy Coroner Date signed 9-1-39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Rev. 5-17-39

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 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 Guy Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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, above space should be left blank.