No. 2
11-10-39
-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20144

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5092

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis. 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3737 Grandel Sq.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 65 Years.
years, months or days)

653

3. (a) PRINT FULL NAME Sophie M. T. M. Grundmann

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Female.

5. Color or race White.

6. (a) Single, widowed, married, divorced Widowed.

6. (b) Name of husband or wife Late Dr. F. W. Grunmann

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 16 1869.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	2	22	hr. 6 min.

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

10. Usual occupation Housework. 6

11. Industry or business 6

FATHER
12. Name Henry T. Wilde.
13. Birthplace Germany.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Fredericka Reidschler.
15. Birthplace Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant Elsa Grundman
(b) Address 3737 Grandel Sq.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-12-40.
(Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) JUN 11 1940 (Date received local registrar) (b) J. F. Goedeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County

(c) City or town St. Louis. 19
(If outside city or town limits, write "RURAL")

(d) Street No. 3737 Grandel Sq.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 65 Years. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1940 hour 945 minute 8 M.

21. I hereby certify that I attended the deceased from Oct. 15, 1938, to June 8, 1940,
that I last saw her alive on June 8, 1940,
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death apoplexia	1½ years
Due to	
Due to	
Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

23. Signature H. A. Uhlemeyer (M. D. or other) M.D.
Address 1511 S Grand Date signed 6/10/40

(Licensed Embalmer's Statement on Reverse Side)

8-10 A.M.

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 John P. Buchholz

Licensed Embalmer No. 1676

P. O. Address 2223 St Louis Av

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.