

FILED APR 8 1942

Registration District No. **7911**

Primary Registration District No. **1003**

Registrar's No. **2468**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Isolation Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 Hours
(Specify whether _____)
In this community Life
years, months or days

3. (a) PRINT FULL NAME Sondra Grounds

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased Oct. 5 1941
(Month) (Day) (Year)

8. AGE: Years * Months Days If less than one day
5 13 hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Charles Grounds

13. Birthplace Marquard, mmm Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Pauline Lewis

15. Birthplace Esther Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant B. Bittenuth.

(b) Address Isolation Hospital

17. (a) BURIAL (b) Date thereof March 18 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Esther mg.

18. (a) Signature of funeral director E. J. Schurer

(b) Address 3125 Kalayath St.

19. (a) MAR 18 1942 (b) J. T. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4529 Shaw
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 18
year 1942 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Mar. 17, 1942 to Mar. 18, 1942, that I last saw h. er alive on Mar. 18, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia and Empyema, right Duration _____

Due to organism not yet determined

Due to Septicemia complicating upper respiratory infection

Other conditions Otitis media, acute;
(Include pregnancy within 3 months of death)

Varicella, subsiding.

Major findings: _____

Of operations: _____

Of autopsy as given above

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? _____

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

23. Signature W. Maxwell (M. D. or other) _____

Address Isolation Hospital Date signed 3-18-42

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

17
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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.....

Joseph Vollmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette*

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.