

FILED OCT 2 1944 318

Registration District No. 1003

Primary Registration District No. 1003

Registrar's No. 8385

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
De Paul Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 Days  
In this community 38 Years 0 Mon. 22 Days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
(c) City or town St Louis Mo.  
(If outside city or town limits, write "RURAL") 17  
(d) Street No. 2803a University St.  
(If rural, give location) 9 20  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Margaret Ann, Grunder

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 Married  
6. (b) Name of husband or wife Ray W. Grunder 6. (c) Age of husband or wife if alive 39 years  
7. Birth date of deceased 8 27 1905  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
38 0 22 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joseph Murphy  
13. Birthplace St Louis Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Darby  
15. Birthplace St Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ray W. Grunder  
(b) Address 2803a University St

17. (a) Burial (b) Date thereof 9 22 43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart  
(b) Address 2228 St Louis Ave

19. (a) SEP 21 1943 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 19  
year 1943 hour 9 minute 15p M.

21. I hereby certify that I attended the deceased from Nov 7, 1942 to Sept 19, 1943,  
that I last saw her alive on Sept 19, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Obstruction of Intest Duration 5 days  
Due to metastatic Carcinoma 1 year  
Due to Carcinoma sigmoid 1 year

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma sigmoid  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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

23. Signature Arthur Swelove (M. D. or other) MD  
Address 2201 University Date signed 9/20/43

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

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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 Maie A. Cashion  
Licensed Embalmer No. 3949  
P. O. Address St. Louis Mo

**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, fact should be so stated above.**