

FILED MAY 1 1944

State File No. _____

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 982

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 hours 40 min.
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood 96
(If outside city or town limits, write "RURAL")
(d) Street No. Route 12
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Susan De Grendele

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 William De Grendele 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased April 13, 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	51	0	10	hr. _____ min.

9. Birthplace Kirkwood Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Ford
13. Birthplace Unknown Ill. /
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Unknown
15. Birthplace Unknown Ill. /
(City, town, or county) (State or foreign country)

16. (a) Informant William De Grendele
(b) Address R.R. # 12 Kirkwood Mo

17. (a) Burial (b) Date thereof 4-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Park Hill Cem

18. (a) Signature of funeral director James H. Bopp Inc
(b) Address Kirkwood Mo

19. (a) APR 26 1944 (b) E. J. McHarran, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4-23-44 day _____
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 4-22-44, 19____, to 4-23-44, 19____;
that I last saw her alive on 4-23-44, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema 1 day

Due to Hypertensive Cardiovascular disease 7 months

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations 93d
Of autopsy _____
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) (c) Means of injury _____
23. Signature Richie Manning (M. D. or other) MD
Address St. Louis County Hospital signed 4/24/44

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

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 Felix Duand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 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.

MAY 19 1954