

FILED 7 19 48
318

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.

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

(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 0-0-0

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL") 1017

(d) Street No. 4422a Ashland Ave.
Memorial (If rural, give location) 9

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Fred W. Grunwald

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

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

7. Birth date of deceased Jan 17, 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29th
year 1946 hour 10:00 minute A M.

21. I hereby certify that I attended the deceased from 9/27/46
19 Sept. 29th 19 46
that I last saw h. in alive on Sept. 29th 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Siber Pneumonia Duration 1 week

Due to _____

Due to _____ 108

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

8. AGE: Years 85 Months 8 Days 12 If less than one day _____ hr. _____ min. 4

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

10. Usual occupation Retired Auto Body Maker

11. Industry or business Hauck Co.

MOTHER FATHER { 12. Name unknown 9

13. Birthplace unknown (City, town, or county) (State or foreign country) 9

14. Maiden name unknown

15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Elfreda Schick

(b) Address 4422a Ashland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 1, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Fun. Hm
4828 Natural Bridge Ave.

(b) Address _____

19. (a) SEP 30 1948 (Date received local registrar) (b) J. F. Brodeck (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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? _____

While at work _____ (Specify place of place) Means of injury _____

23. Signature John P. Steur, M.D. 1515 Lafayette 9/30/48 (Date signed)

Address _____

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

3052

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.....

Ralph C. Linders

Licensed Embalmer No. *4275*

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.