

No. 2
12-45
5-17-39
1 X47070

FILED FEB 10 1947

318

Registration District No. _____ Primary Registration District No. _____

1003

Registrar's No. 1110

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

1. PLACE OF DEATH:

(a) County ST. LOUIS, MO.
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. LOUIS CITY HOSPITAL, MAX STARKLOFF
(If not in hospital or institution, write street number or location) MEMORIAL
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME CHESTINA GRUENEWALD Gruenewald

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

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

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

7. Birth date of deceased March 5 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 10 26 hr. min.

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

10. Usual occupation Home

11. Industry or business _____

12. Name George Howard

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

14. Maiden name Anna (Unknown)

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

16. (a) Informant Ben Gruenewald

(b) Address 4229 Hartford

17. (a) Burial (b) Date thereof 2-3-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director D. Lehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) FEB 3 1947 (Date received local registrar) J. F. Bradeok (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 16
(d) Street No. 4229 Hartford 9
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 1st
year 1947 hour 5:42 minute A. M.

21. I hereby certify that I attended the deceased from 1-28-47
_____, 19____, to 2-1-47, 19____;
that I last saw h. er alive on 2-1-47, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis Duration 2 weeks

Due to Blockage of writers Tuberculosis

Due to Carcinoma of Cervix 2 Years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations W/S

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Franz R. Bernd (M. D. or other) _____

Address 1515 LAFAYETTE Date signed 2-1-47

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..... *Warren A. Carver*

Licensed Embalmer No..... *3534*

P. O. Address.....

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.