S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 29 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

18887

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5114

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

1. PLACE OF DEATH:
(a) County ST. LOUIS. MO.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ENROUTE CITY HOSP. VANDEVENTER & LABADIE AV. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI. (b) County 17
(c) City or town ST. LOUIS. 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4429 ELMBANK AV. 0
(If rural, give location)
10
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALPHONSE J. GRUENDER
3. (b) If veteran, name war NONE
3. (c) Social Security No. 494-01-3787
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife EMILY M. GRUENDER
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased NOV. (Month) 7TH (Day) 1901 (Year)

8. AGE: Years 45 Months 6 Days 13 If less than one day — hr. — min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country) 0
10. Usual occupation ASST. MANAGER.
11. Industry or business MEDART AUTO-ELECTRIC CO
FATHER
12. Name JOSEPH J. GRUENDER 4
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name ELIZABETH M. JUERGENS
15. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country) 0
16. (a) Informant Mrs. A. J. Gruender
(b) Address 4429 Elmbank.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 23-47 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.
18. (a) Signature of funeral director Brockland Und Co
(b) Address 1827 Hogan St.
19. (a) MAY 22 1947 (Date received local registrar) (b) J. F. Bredack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 20TH year 1947. hour 6= minute P. M.

21. I hereby certify that I attended the deceased from 3 March 31, 1947, to 5-20, 1947 that I last saw him alive on 5-19, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pos. Coronary disease?	?
Due to Upper R Infection	3-31-47 to 5-20-47
Due to Gastro Entero Colitis	
Other conditions (Include pregnancy within 3 months of death)	

106

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e), Means of injury 0

23. Signature Jos J Kessler (M. D. ~~or other~~)
Address 3504 N 14th Date signed 5-21-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.